

(1) PLACE OF BIRTH

County of Horry
Township of Reidville
OF
Inc. Town of.....
OF
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 100/3773-310

Registration District No. 100/3773-310 Registered No.
(For use of Local Registrar)

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joe Rogers Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Is Person Married yes (7) DATE OF BIRTH Oct 24 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Joe Rogers
(9) PRESENT POSTOFFICE OF FATHER Moore S.C. R. 1
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Mildred Bidwell
(15) PRESENT POSTOFFICE OF MOTHER Moore S.C. R. 1
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 16
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. G. Wright M.D.
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Jamison

(26) Witness Signature of Witness J. G. Wright when question 23 is signed by mother
(27) Filed Oct 14 1923 (28) J. G. Wright Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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