

(1) PLACE OF BIRTH

County of MarionTownship of Reaves

or

Inc. Town of

or

City of (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 Mary Grace Rogers If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 15 1902
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Hubert C Rogers(9) PRESENT POSTOFFICE OF FATHER Mullins S D(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Marion Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Claude Hanks(15) PRESENT POSTOFFICE OF MOTHER Mullins S D(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Marion Co(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 Born alive at 7 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. P. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 20 1902 (28) J. P. Martin 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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