

(1) PLACE OF BIRTH

County of Marlboro

Township of

or
Inc. Town ofor
City of Bennettsville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child JAMES ROGERS JR.

File No.—For State Registrar Only

31261

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3ARegistered No. 74
(For use of Local Registrar)(3) BOY OR GIRL Boy(4) Twin or Triplet? No
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 Sept 16, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Rogers Turner(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Bennettsville S.C.(13) OCCUPATION Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE Nell Emmswiler(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE Foswell Va.(19) OCCUPATION H.V.(20) Number of children born to mother, including present birth 1(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. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Thos. H. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 1, 1922(28) W. H. Pate

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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