

FILED BIRTH

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

71773

Registrar Only

Child of  
11  
11  
Charleston

Registration District No.

Registered No.

(For use of Local Registrar)

St.;

Ward)

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

Full Name of Child *Arnon W. Rogers* (If child is not yet named, make supplemental report as directed.)

(4) Twin or Triplet?  
(5) Number in order of birth?  
To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH  
(Name of Month) (Day) (Year)

FATHER  
*Thomas A. Rogers*

PRESENT POSTOFFICE OF FATHER  
*Charleston S.C.*

(11) AGE AT LAST BIRTHDAY  
*White* (Years)

BIRTHPLACE  
*Lyonsville, Ga.*

OCCUPATION  
*Carpenter*

MOTHER  
(14) NAME BEFORE MARRIAGE  
*William Crosby*

(15) PRESENT POSTOFFICE OF MOTHER  
*Charleston S.C.*

(16) COLOR OR RACE  
*White* (17) AGE AT LAST BIRTHDAY  
(Years)

(18) BIRTHPLACE  
*Hogston, S.C.*

(19) OCCUPATION  
*Domestic*

(21) Number of children of this mother now living, including present birth

Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was *born* at *Charleston* at *10 A.M.* on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
*Charleston S.C.*

Name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

191

(28)

Local Registrar

cal Registrar

his return. If before the

Where there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

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.