

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Greenwood
Township of
or
Inc. Town of
or
City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 23-4 Registered No.
(For use of Local Registrar)

23 046588

Only

2. FULL NAME OF CHILD

3. Boy or Girl Girl 4. Twins, triplets or other 5. Premature no 6. Are Parents yes 7. Date of birth Mar. 26, 1923
(If birth occurs in a hospital or other institution, give name of same instead of street and number) (Month, day, year)

9. Full name FATHER John Williams Rodgers

10. Residence (mailing address) South Greenwood S. C.
(If non-resident, give place and State)

11. Color or race w 12. Age at child's birth 27 (years)

13. Birthplace (city or place) Greenville Co.
(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.
16. Date (month and year last) engaged in this work 19.....
17. Total time (years) spent in this work

18. Name before marriage MOTHER Maude Thomas Miles

19. Residence (mailing address) South Greenwood S. C.
(If non-resident, give place and State)

20. Color or race w 21. Age at child's birth 27 (years)

22. Birthplace (city or place) Rahway N. J.
(State or country)

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Domestic
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. own home
25. Date (month and year) last engaged in this work 19.....
26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, months weeks 29. Cause of stillbirth Before labor During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8 p. m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at 8:30 p. M. on above date Silver Nitrate
(Name of Prophylactic)

Cleft Palate ✓ Hare Lip — Other Deformities —

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from a supplementary report (Date of)

Miss Julia Lee Registrar.

(Signed) J. L. Ward, M. D.

or Midwife

Address Greenwood S. C.

Filed 4-1-41 Martin B. Woodward, M. D.