

(1) PLACE OF BIRTH

County of GreenvilleTownship of Saludaor Town of Saludaor City of #2

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5632

Registration District No. 3901Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Samuel William Rodgers

(If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL Boy

4 Twin or Triplet?

5 Number in order of birth 16 Are Parents Married? yes

(7) DATE OF

BIRTH Jan 27, 1922
(State of Month) (Day) (Year)

FATHER.

8 FULL NAME Marion S. Rodgers9 PRESENT POSTOFFICE OF FATHER Ward 127510 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 23
(Years)12 BIRTHPLACE Saluda Co13 OCCUPATION Farming14 Number of children born to mother, including present birth 1

MOTHER.

14 NAME BEFORE MARRIAGE Ada Bartley15 PRESENT POSTOFFICE OF MOTHER Ward 127516 COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Years)18 BIRTHPLACE Saluda Co19 OCCUPATION Housewife20 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 12:30 A.M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)(23) (Signature) D. B. Froules(24) State whether Physician or Midwife Physo.(25) Address of Physician or Midwife Ridge Spring

Given name added from a supplemental report

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

(27) Filed MAR 10, 1922 (28) J. W. Church 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.

Registrar

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