

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Marion*Township of *Reams*

Inc. Town of

City of

(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

Registration District No. *3205*

File No.—For State Registrar Only

*73873*Registered No. *276*
(For use of Local Registrar)(2) Full Name of Child *Robert Sidney Rogers*

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

(3) ~~BOY OR~~(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? *Yes*

(7) DATE OF

BIRTH *Aug 7, 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*G. S. Rogers.*(9) PRESENT
POSTOFFICE
OF FATHER*Mullins, S.C.*(10) COLOR
OR
RACE *white*(11) AGE AT LAST
BIRTHDAY *30*
(Years)

(12) BIRTHPLACE

Marion Co.

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth*5*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Lilly J. Proctor*(15) PRESENT
POSTOFFICE
OF MOTHER*Mullins, S.C.*(16) COLOR
OR
RACE *white*(17) AGE AT LAST
BIRTHDAY *28*
(Years)

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3 A. M.*
'on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. A. Smith*

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

*Mullins S.C.*Given name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by midwife)(27) Filed *Aug 8, 1916*(28) *L. Rogers*

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.