

МОСКОВЬ OF COLUMBIA. COLUMBIA, S. C.

County of Alameda
Township of Buffete
or
Inc. Town of
or
City of

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

90454

Registered No. 134
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John Rogers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ✓
To be answered only in event of twins or triplets

(5) Number in order of birth 1

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec 14 1966
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(3) FULL NAME	<i>Camelina Rogers</i>	(14) NAME BEFORE MARRIAGE	<i>McCrusell</i>

9) PRESENT POSTOFFICE OF FATHER Keshwar, DC N 6 (15) PRESENT POSTOFFICE OF MOTHER Keshwar, DC N

(10) COLOR OR RACE *Cust* (11) AGE AT LAST BIRTHDAY *26* (Years) (16) COLOR OR RACE *Cust* (17) AGE AT LAST BIRTHDAY *19* (Years)

(12) BIRTHPLACE	(18) BIRTHPLACE
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(13) OCCUPATION	(19) OCCUPATION
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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 at 3 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. M. H. S. S. S.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only)

(27) Filed 11/16/19 (28) 11/16/19 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.

EE T Y Y A F I L M O