(1) PLACE OF BIRTH

County of Orangeburg

Township of [illegible] City

or

Inc. Town of .....

or

City of Orangeburg Hospital (No. Orangeburg S.C. St.; Hospital Room No. Ward)

(If birth occurred 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
25749

Registration District No. 26-a Registered No. 128
(For use of Local Registrar)

(2) Full Name of Child Norman William Rogers

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes.

(7) DATE OF BIRTH April 12 1923.
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Norman William Rogers

(9) PRESENT POSTOFFICE OF FATHER Elloree, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27 years (Years)

(12) BIRTHPLACE Entoksville S.C.

(13) OCCUPATION Medical Doctor

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Sluder

(15) PRESENT POSTOFFICE OF MOTHER Elloree, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 30 years (Years)

(18) BIRTHPLACE Elloree, S.C. R.F.D.

(19) OCCUPATION Housewife

(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 alive (Born alive or stillborn) at 6 P.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) L. C. Green

(24) State whether Physician or Midwife MD

(25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Sept 1 1923 (28) W. H. Dukes
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.

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