

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only 45890	
County of <u>Clarendon</u>		STATE OF SOUTH CAROLINA.			
Township of <u>Plowden Mill</u>		Bureau of Vital Statistics			
		State Board of Health			
Inc. Town of		Registration District No. <u>13/14</u>		Registered No. <u>2</u>	
City of		(No. St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Bertie Rogers</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 3, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Mrs. Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Bertie Aird</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Alcolu, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Alcolu S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>		
(12) BIRTHPLACE <u>Clarendon Co., S.C.</u>			(18) BIRTHPLACE <u>Clarendon Co., S.C.</u>		
(13) OCCUPATION <u>Mill hand & Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth { <u>8</u>			(21) Number of children of this mother now living, including present birth { <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>11:45 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Johnson</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Alcolu S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 191.....			<u>James</u> 1915		
..... Registrar			(27) Filed <u>Jan 8</u> 1916 (28) <u>A. E. Thompson</u> 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.