

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.
Caw, of Columbia.

(1) PLACE OF BIRTH
 County of Clarendon
 Township of Plowden Mill
 Inc. Town of
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 13/14 Registered No. 2
 (For use of Local Registrar)

File No.—For State Registrar Only
45890

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 3, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Mrs. Rogers

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE Clarendon Co., S.C.

(13) OCCUPATION Merchant & Farming

(20) Number of children born to mother, including present birth } 8

MOTHER.

(14) NAME BEFORE MARRIAGE Bertie Aird

(15) PRESENT POSTOFFICE OF MOTHER Alcolu S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Clarendon Co., S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:45 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Johnson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Alcolu S.C.

Given name added from a supplemental report
 191.....
 Registrar

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

(27) Filed Jan 8 1916 (28) A. E. Thompson 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.