

MARGIN TO BE LEFT FOR BINDING.

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

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH: County of Oconee Township of Keowee or Inc. Town of Salem City of ..... (No. .... St.; ..... Ward) (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

File No.—For State Registrar Only  
**43884**

Registration District No. 42 Registered No. 99 (For use of Local Registrar)

(2) Full Name of Child Edith Alice Lee Rodgers If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH... Jan 7 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Rodgers  
(9) PRESENT POSTOFFICE OF FATHER Salem S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY... 18 (Years)  
(12) BIRTHPLACE Salem S.C.  
(13) OCCUPATION farming  
(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Ophelia Brewer  
(15) PRESENT POSTOFFICE OF MOTHER Salem S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY... 13 (Years)  
(18) BIRTHPLACE Anderson S.C.  
(19) OCCUPATION house keeping  
(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive ..... at 10 ..... AM., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Malinda Wilson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Salem S.C.

Given name added from a supplemental report .....  
(26) Witness J. L. Rochester (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 1/16 ..... 19 22. (28) P. L. Green 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.