

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.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH
 County of Marlborough
 Township of
 or
 Inc. Town of
 or
 City of Marlborough (No. 116 Higgins St.)
 (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
50398

Registration District No. 40-6 Registered No. 52
 (For use of Local Registrar)
 (2) Full Name of Child J. B. Rogers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 25</u> 19 <u>11</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Green Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Julia Rogers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Spain</u>			(15) PRESENT POSTOFFICE OF MOTHER	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Plasterer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 a. m., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.
 (23) (Signature) Sally D. Davis
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marlborough, S.C.

Given name added from a supplemental report 191.....
 Registrar
 (26) Witness Gas Copes (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 1 1911 (28) Gas Copes 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.