

Form No. 1

(1) PLACE OF BIRTH

County of Harvey
Township of 7 Coyd
OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

22 050289

Year Only

Registration District No. 2508 Registered No. 117
(For use of Local Registrar)

(2) Full Name of Child Ruby Mae Rogers

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Born in Harvey Co. (6) Are Parents Married? yes (7) DATE OF BIRTH May 30 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Asbury Rogers
(9) PRESENT POSTOFFICE OF FATHER Fairbluff N.C.
(10) COLOR OR RACE W.P. (11) AGE AT LAST BIRTHDAY 38

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Veners
(15) PRESENT POSTOFFICE OF MOTHER Fairbluff N.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38

OCCUPATION Farmer
(20) Number of children born to mother, including present birth 3

OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature C. J. Buesen
(24) Whether Physician or Midwife M.D. (25) Address of Physician or Midwife Nehora S.C.

When name added from a supplemental report

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

Filed June 8 1922 (28) C. F. DeRose 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 be reported as stillborn. No report is desired of stillbirths during the fifth month of pregnancy.

McCaw of Columbia, Columbia, S. C.