

Form No. 1

(1) PLACE OF BIRTH

County of HarveyTownship of 7th

OR

City, Town of

OR

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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?

(5) Born in
Month of birth
or Triplets(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

8

MOTHER.

VENERS

(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

OCCUPATION

Housewife

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

3

(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, on the date above stated,

Born alive at 12 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

E. J. Duesen

(24) Whether Physician or Midwife

(25) Address of Physician or Midwife

M.D.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

(26)

E. J. Duesen

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 occurring before the fifth month of pregnancy.