

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18401

Registration District No. 1603

Registered No. 84
(For use of Local Registrar)

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

(2) Full Name of Child

James Stafford Rogers

Children not yet named, make supplemental report as directed

3. BOY OR GIRL

Boy

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

6/20/22
(Name Month) (Day) (Year)

5. FULL NAME

Stafford Rogers

FATHER

9. PRESENT POSTOFFICE OF FATHER

Nicholas S.C.

(10) COLOR OR RACE

Coloured

(11) AGE AT LAST BIRTHDAY

5-3
(Years)

(12) BIRTHPLACE

Dillon, S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

Leiber Walker

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER

Nicholas - S.C.

(16) COLOR OR RACE

Coloured

(17) AGE AT LAST BIRTHDAY

4-1
(Years)

(18) BIRTHPLACE

Dillon, S.C.

(19) OCCUPATION

Housewife

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

Eleven

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

Ten

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5:30 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Nicholas S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/24/22

(28)

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 stillborn before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD. 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. 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. MORGAN OF COLUMBIA, COLUMBIA, S. C.