

Form No. 1

(1) PLACE OF BIRTH

County of Allen
 Township of Bartholomew
 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
34112

Registration District No. 1606 Registered No. 82
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Blanner Rogers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in family of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 13 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John C. Rogers
 (9) PRESENT POSTOFFICE OF FATHER Latte
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 44 (Year)
 (12) BIRTHPLACE McClellan, South Carolina
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Cook
 (15) PRESENT POSTOFFICE OF MOTHER Latte
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27 (Year)
 (18) BIRTHPLACE Blumheim
 (19) OCCUPATION Farming
 (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..... at..... 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

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/25/22

(28)

W. L. Rogers

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.