

## (1) PLACE OF BIRTH

County of Union

Township of .....

or  
Inc. Town of Jonesvilleor  
City of .....

(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

92102

Registration District No. 4204 Registered No. 89

(For use of Local Registrar)

(2) Full Name of Child James Woodrow Rogers child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 19 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME O. Collis Rogers(9) PRESENT POSTOFFICE OF FATHER Jonesville, S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Asheville, N.C.(13) OCCUPATION Textile worker(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Laskie Clarke(15) PRESENT POSTOFFICE OF MOTHER Jonesville S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Marshall N.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. Jones, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jonesville 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 Dec 30 1916 (28) B. N. Alexander 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.

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