

## (1) PLACE OF BIRTH

County of Sumter S.C.Township of Macclure

or

Inc. Town of

or

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

50563

Registration District No. 4101 Registered No. 4

(For use of Local Registrar)

## (2) Full Name of Child

Ishma Rogers

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

(3) BOY OR GIRL  
Girl(4) Twin or Triplet?  
Is the second child in order of twins or triplets?

(5) Number in order of birth

(6) Are Parents Married?  
Yes(7) DATE OF BIRTH 2 3 6  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Ishma R. Rogers

(9) PRESENT POSTOFFICE OF FATHER

Wadsworth S.C.

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 39  
(Years)

(12) BIRTHPLACE

Sumter Co

(13) OCCUPATION

Farmer

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

9

## MOTHER

(14) NAME BEFORE MARRIAGE

Rosa Nelson

(15) PRESENT POSTOFFICE OF MOTHER

Wadsworth S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 29  
(Years)

(18) BIRTHPLACE

Sumter Co

(19) OCCUPATION

Housewife

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

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9-10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Elaine Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

Wm. Giddings  
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

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(28)

G. G. Giddings

Local Registrar

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.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, IN INK, ON UNFADING INK—THIS IS A PERMANENT RECORD.  
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 8.

McGraw, of Columbia