

## (1) PLACE OF BIRTH

County of YorkTownship of YorkIncl. Town of YorkCity of York

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of HealthFile No. — For State Register  
38120Registration District No. 4408 Registered No. 127

(For use of Local Registrar)

(2) Full Name of Child William Alexander Rogers

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 17</u> 25
				(Name of Month) (Day) (Year)

## FATHER.

(3) FULL NAME William Alexander Rogers

(8) PRESENT POSTOFFICE OF FATHER

(9) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Winifred Youngblood(15) PRESENT POSTOFFICE OF MOTHER York S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE York S.C.(19) OCCUPATION Housewife

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Rogers(24) State whether Physician or Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 9 1923 (28) W. A. 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.

If a child dies----