

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston S.C.

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

17853

Registration District No. .... Registered No. .... 826.

(For use of Local Registrar)

(No. Mercy Maternity Hospital Ward)(2) Full Name of Child George Calvin Rogers

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

X

5. Number in order of birth

X

To be answered only in case of Twins or Triplets

6. Are Parents Married?

yes

7. DATE OF BIRTH

June 15 1877

(Place of Month) (Day) (Year)

## FATHER.

8. FULL NAME

George Calvin Rogers

9. PRESENT POSTOFFICE OF FATHER

190 Tradd St. Charleston S.C.

10. COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

32

(Years)

12. BIRTHPLACE

Charleston S.C.

13. OCCUPATION

Municipal of Public School.

20. Number of children born to mother, including present birth

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Helen Bear.

(15) PRESENT POSTOFFICE OF MOTHER

190 Tradd St. Charleston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Knoxville Tenn.

(19) OCCUPATION

Housewife

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

12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive June 15 1877 at 190 Tradd St. Charleston S.C. 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

Charleston27 Calhoun St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6/20 1877

(28)

J. Mercer Green M.D.

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.

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.

RECORD OF BIRTHS OR DEATHS IN A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THIS OTHER, No 2, etc. In question 5. RECORD OF COLUMBIA, COLUMBIA, D. C.