

(1) PLACE OF BIRTH

County of Marlboro

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15926

Township of Summitvilleor
Inc. Town of
orRegistration District No. 3307Registered No. 45

(For use of Local Registrar)

City of (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 Ubi Rogers Jr. If child is not yet named, make supplemental report as directed

(3) 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>5, 2, 22</u> (Name of Month) (Day) (Year)
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FATHER:

(8) FULL NAME Ubi Rogers(9) PRESENT POSTOFFICE OF FATHER Summitville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Marlboro Co.(13) OCCUPATION Miner(14) Number of children born to mother, including present birth 2

MOTHER:

(14) NAME BEFORE MARRIAGE Helenia King(15) PRESENT POSTOFFICE OF MOTHER Belmontville, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Marlboro Co., S.C.(19) OCCUPATION Housewife(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 A. M. on the date / above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. H. H. H.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Summitville, S.C.

Give name added from a supplemental report

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

Registrar

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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