

## (1) PLACE OF BIRTH

County of OceanTownship of Salemor  
Inc. Town of Salemor  
City of Salem

(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

43891

Registration District No. 3502 Registered No. 106

(For use of Special Registrar)

(2) Full Name of Child Le Roy Rogers (If 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 Aug 24, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Louie Rogers(9) PRESENT POSTOFFICE OF FATHER Salem(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Salem Ocean SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Rice(15) PRESENT POSTOFFICE OF MOTHER Salem SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20  
(Years)(18) BIRTHPLACE Jackson Co NC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salem SC

Given name added from a supplemental report

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

(27) Date Jan 1, 1923 (28) S. Smith 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.