

(1) PLACE OF BIRTH

County of Fairfield
 Township of 8
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Use

17545

Registration District No. 1907 Registered No. 17545
 (For use of Local Registrar)

(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 Charles L. Rogers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet single (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH June 29 19 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|---|---|
| (8) FULL NAME <u>Eddie Rogers</u> | (14) NAME BEFORE MARRIAGE <u>Unice Durham</u> | (14) NAME BEFORE MARRIAGE <u>Unice Durham</u> | (14) NAME BEFORE MARRIAGE <u>Unice Durham</u> |
| (9) PRESENT POSTOFFICE OF FATHER <u>Ridgeway S.C.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway</u> |
| (10) COLOR OR RACE <u>Colored</u> AGE AT LAST BIRTHDAY <u>24</u> (Year) <u>old</u> | (16) COLOR OR RACE <u>Colored</u> AGE AT LAST BIRTHDAY <u>23</u> (Year) <u>old</u> | (16) COLOR OR RACE <u>Colored</u> | (16) COLOR OR RACE <u>Colored</u> |
| (12) BIRTHPLACE <u>Fairfield Co.</u> | (18) BIRTHPLACE <u>Fairfield Co.</u> | (18) BIRTHPLACE <u>Fairfield Co.</u> | (18) BIRTHPLACE <u>Fairfield Co.</u> |
| (13) OCCUPATION <u>Farming</u> | (19) OCCUPATION <u>Farming</u> | (19) OCCUPATION <u>Farming</u> | (19) OCCUPATION <u>Farming</u> |
| (20) Number of children born to mother, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> | (21) Number of children of this mother now living, including present birth <u>2</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born June 29 at 2:00 P. M.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) L. R. Lawrence (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 (26) Witness Mary Durham
 (Signature of witness necessary only when question 23 is signed by mother)
 (27) Filed 7/9/23 (28) L. C. Shuler 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.