

## (1) PLACE OF BIRTH

County of SaludaTownship of # 2or  
Inc. Town of

City of

(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

12621

Registration District No. 3901Registered No. 131

(For use of Local Registrar)

St. 1 Ward 12) Full Name of Child William Rogers If child is not yet named, make supplemental report as directed

BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 29, 1904</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME <u>Jim Caldwell</u>			(14) NAME BEFORE MARRIAGE <u>Emma Rogers</u>	
PRESENT POSTOFFICE OF FATHER <u>Ward 1175</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ward 1175</u>	
COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
BIRTHPLACE <u>Saluda Co.</u>			(18) BIRTHPLACE <u>Saluda Co.</u>	
OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>	
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>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 11 20 P. M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) R. J. Fowler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys. Ridge Spring

Even name added from a supplemental report

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

(27) Filed Jan 4 1904 Mrs J S Crouch 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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