

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Branchville

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 HealthRegistration District No. 3601

No. for this register

22070Registered No. 41  
(For use of Local Registrar)(2) Full Name of Child Henretta Roger

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

(3) SEX OF CHILD Male (4) Type or Triplet No (5) Number in order of birth 1st (6) Age at birth 4 yrs (7) DATE OF BIRTH July 19, 1923(8) FULL NAME Oliver Roger(9) PRESENT POSTOFFICE OF FATHER Branchville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3-4(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 11(14) NAME BEFORE MARRIAGE Maggie Brown(15) PRESENT POSTOFFICE OF MOTHER Branchville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 2-3(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (22) 9 P.M.(23) (Signature) Henretta Roger (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Branchville S.C.

(26) 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.

(27) Witness Le. H. Miller (28) Local Registrar Aug 1, 1923(29) Filed Aug 1, 1923 (30) Tristram Ott Local Registrar