

## (1) PLACE OF BIRTH

County of Richmond

Township of .....

Incl. 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

19935

Registration District No. 384 Registered No. 74

(For use of Local Registrar)

2) Full Name of Child Mary Rogers { If child is not yet named, make supplemental report as directed

1) SEX OR MARKS <u>Female</u>	(4) Twin or triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 6, 1935</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

1) FULL NAME John Rogers2) PRESENT POSTOFFICE OF FATHER Cola3) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 27 (Years)4) BIRTHPLACE SC5) OCCUPATION Farmer6) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Rogers(15) PRESENT POSTOFFICE OF MOTHER Cola(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Cola SC

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed June 8, 1935 (28) [Signature] 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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In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.