

WHEN BLANKLY, WHEN UNPAID, THIS IS A PERMANENT RECORD.
 IN CASE OF DEATH OF CHILD, WHEN IN A NEARLY BLANK STATE, THIS IS A PERMANENT RECORD.
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(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Spartanburg*
 or
 Inc. Town of
 City of *Spartanburg*

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

9192

Registration District No. *4008*

Registered No. *50*
 (For use of Local Registrar)

(2) Full Name of Child *Booker Rodgers*

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

3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married *yes* (7) DATE OF BIRTH *Feb 14 22*
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME *Frank Rodgers*

9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*

(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY *38*
 (Years)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Day laborer*

(20) Number of children born to mother, including present birth *6*

MOTHER

(14) NAME BEFORE MARRIAGE *Lattie Booker*

(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg S.C.*

(16) COLOR OR RACE *col* (17) AGE AT LAST BIRTHDAY *26*
 (Years)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9:00* M.
 on the date above stated. (Hour * M. or P. M.)

(23) (Signature) *W. H. Chapman*

(24) State whether Physician or Midwife *Phys*

(25) Address of Physician or Midwife *Whiskey S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Date *Mar 12 22* (28) *G. F. Parker* 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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