

(1) PLACE OF BIRTH

County of Richmond
 Township of Fasley
 OF
 Inc. Town of
 OF
 City of Esley SC (No. St. Ward)

(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

No. - For State Registrar

29806

Registration District No. 3702... Registered No. 7...
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet no (5) Number in order of birth 1st (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 24, 1913
 (Name, Month, Day, Year)

FATHER.

(8) FULL NAME John Milton Rogers
 (9) PRESENT POSTOFFICE OF FATHER Esley SC Post V
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46 (Years)
 (12) BIRTHPLACE South Carolina
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Emily Bessie Miller
 (15) PRESENT POSTOFFICE OF MOTHER Esley Post V
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 39 (Years)
 (18) BIRTHPLACE South Carolina
 (19) OCCUPATION House Wife
 (20) Number of children born to mother, including present birth 7th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 2:15 A.M. on the date above stated. Born alive or stillborn Hour M. or P.M.

(22) (Signature) Wm B. Furman M.D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Esley SC

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed Oct. 4, 1913

(27) 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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