

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**36446**

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Cherokee  
OF  
Inc. TOWN of .....

Registration District No. 4002  
Registered No. 123  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Nelen Edisto Bogerman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL ..... (4) Twin or Triplet?  (5) Number in order of birth 2 (6) Age Parents Married? yes (7) DATE OF BIRTH Oct 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Richard Bogerman  
(9) PRESENT POSTOFFICE OF FATHER Cherokee R.F.D. 1  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Year)  
(12) BIRTHPLACE G.A.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Peggie Garrett  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee R.F.D. 1  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21  
(Year)  
(18) BIRTHPLACE NC.  
(19) OCCUPATION Housekeeping  
(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]  
(24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife  
Physician Cherokee

Given name added from a supplemental report  
M. B. Woodward  
12-11-1939  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 11/10 1939 (28) J. B. Lockwell 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.

MARGIN RESERVED FOR BUREAU OF VITAL STATISTICS. PLEASE WRITE VITALS OFFICE IN A SEPARATE COLUMN AND MARK THE SEPARATE COLUMNS WITH APPROPRIATE MARKS FOR EACH COLUMN, AND MARK THE SEPARATE COLUMNS WITH APPROPRIATE MARKS FOR EACH COLUMN, AND MARK THE SEPARATE COLUMNS WITH APPROPRIATE MARKS FOR EACH COLUMN.

MADE IN COLUMBIA, S. C.