

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 SpartanburgTownship of Cherokee

Inc. Town of

City of

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

(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	(6) Age of Parents	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets	<u>2</u>	<u>yes</u>	<u>Oct 7 1922</u> (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>Richard Bogerman</u>	(14) NAME BEFORE MARRIAGE	<u>Peggie Garrett</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Cherokee R.F.D. 1</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Cherokee R.F.D. 1</u>
(10) COLOR OR RACE	<u>W</u>	(16) COLOR OR RACE	<u>W</u>
(11) AGE AT LAST BIRTHDAY	<u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>21</u> (Years)
(12) BIRTHPLACE	<u>G.A.</u>	(18) BIRTHPLACE	<u>NC.</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Housekeeping</u>
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)	(25) Address of Physician or Midwife
<u>Dr. E. J. ...</u>	<u>Cherokee</u>

Given name added from a supplemental report	(26) Witness	(27) Filed	(28) Local Registrar
<u>M. B. ...</u>	(Signature of Witness necessary only when question 23 is signed by mark)	<u>11/10</u>	<u>J. B. ...</u>
<u>12-11-1929</u>			

*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 RETURN.

PLEASE PRINT, WITH VITALS AND THIS IN A PREPARATORY REPORT. 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.

MADE IN COLUMBIA, S. C.