

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.

(1) PLACE OF BIRTH
County of Marion
Township of Chapman
or
Inc. Town of
or
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
23147

Registration District No. 33.00 Registered No. 37
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Hellen Rodgers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH June 24, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Benny Dear
(9) PRESENT POSTOFFICE OF FATHER 12 S. Main St. S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Ill.
(13) OCCUPATION Housekeeper
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Jonie Rodgers
(15) PRESENT POSTOFFICE OF MOTHER 12 S. Main St. S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housekeeper
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Julie Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report
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..... 19 ..
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 25, 1922 (28) A. L. Gervston 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.