

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH *Worcester*  
 County of *Worcester*  
 Township of *Burns*  
 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

72472

Registration District No. *1700* Registered No. *50*  
 (For use of Local Registrar)

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 *Salda Madeline Rogers* Child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL? *Girl* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 13 1906*  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME *L. Manning Rogers*

(9) PRESENT POSTOFFICE OF FATHER *Ridgewill, S.C.*

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

(12) BIRTHPLACE *Colleton, Co.,*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { *5* }

MOTHER.  
 (14) NAME BEFORE MARRIAGE *Sabine Rudd*

(15) PRESENT POSTOFFICE OF MOTHER *Ridgewill, S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *34*  
 (Years)

(18) BIRTHPLACE *Berkeley, Co.,*

(19) OCCUPATION *Housework*

(21) Number of children of this mother now living, including present birth { *5* }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Green*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ridgewill, S.C.*

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed *Aug. 25-6* (28) *G. C. ...* 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.