

## (1) PLACE OF BIRTH

County of Lower  
 Township of Center  
 or  
 Inc. Town of.....  
 or  
 City of.....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Registration  
**21991**

Registration District No. 3500 Registered No. 103  
 (For use of Local Registrar)

(2) Full Name of Child Geo. R. Rogers (No. .... St. .... Word) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

DATE OF BIRTH 4/12/23 (If child is not yet named, make supplemental report as directed)

**FATHER.**  
 (1) FULL NAME James M. Rogers  
 (2) PRESENT RESIDENCE OF FATHER Westminster Rt 3  
 (3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 37  
 (5) BIRTHPLACE S.C.  
 (6) OCCUPATION Farming  
 (7) Number of children born to mother, including present birth 1

**MOTHER.**  
 (1) NAME BEFORE MARRIAGE Pearl Gibson  
 (2) PRESENT RESIDENCE OF MOTHER Westminster, S.C.  
 (3) COLOR OR RACE white (4) AGE AT LAST BIRTHDAY 22  
 (5) BIRTHPLACE S.C.  
 (6) OCCUPATION Farming  
 (7) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(28) I hereby certify that I attended the birth of this child, who was alive (If alive or stillborn) (Day A. M. or P. M.)  
 on the date above stated.  
 (29) (Signature) Cisco Whaley Midwife  
 (30) State whether Physician or Midwife Midwife  
 (31) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)  
 (33) Signed May 1 1923 (34) A. P. Martin 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.