

## (1) PLACE OF BIRTH

County of Marlboro  
 Township of Marlboro  
 or  
 Inc. Town of.....  
 or  
 City of.....

# CERTIFICATE OF BIRTH

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

Registration District No. 3301

File No.—For State Registrar Only  
**31288**

Registered No. 124  
 (For use of Local Registrar)

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

(1) BOY OR GIRL Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH 9/23/22  
 (Name of Month) (Day) (Year)

## FATHER.

(6) FULL NAME W. L. Rogers  
 (7) PRESENT POSTOFFICE OF FATHER Marlboro S.C.  
 (8) COLOR OR RACE white (9) AGE AT LAST BIRTHDAY 35 (Years)  
 (10) BIRTHPLACE Marlboro County  
 (11) OCCUPATION Farmer

## MOTHER.

(12) NAME BEFORE MARRIAGE Mattie Rogers  
 (13) PRESENT POSTOFFICE OF MOTHER Marlboro S.C.  
 (14) COLOR OR RACE white (15) AGE AT LAST BIRTHDAY 29 (Years)  
 (16) BIRTHPLACE Marlboro County  
 (17) OCCUPATION Housewife

(18) Number of children born to mother, including present birth 8

(19) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(20) I hereby certify that I attended the birth of this child, who was, Lizzie Rogers, born alive or stillborn (Hour, M. or P. M.)  
 on the date above stated.

(21) (Signature) [Signature] (22) State whether Physician or Midwife Physician (23) Address of Physician or Midwife Marlboro S.C.

Given name added from a supplemental report

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

(25) Filed Oct 10 1922 (26) 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.

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