

(1) PLACE OF BIRTH

County of LeeTownship of Sonaor
Inc. Town ofor
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

90731

Registration District No. 3005 Registered No. 144

(For use of Local Registrar)

City of (No. St.; Ward)

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

(3) NOT GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 19 1914</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Antony Dalton Rodgers(9) PRESENT POSTOFFICE OF FATHER Carraden(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Victoria Smith(15) PRESENT POSTOFFICE OF MOTHER Carraden(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sda Carmelia Stokes

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeLucknow

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 Jan 6 1915

(28)

J. J. Corbett
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

MARGIN RESERVED FOR BINDING