

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of #8or
Inc. Town ofor
City of(No. 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 H. B. Lee Bogger(3) BOY OR
GIRL Boy(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twin or Triplets(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Jan 8, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME James Bogger(9) PRESENT
POSTOFFICE
OF FATHER Newberry R 7(10) COLOR
OR
RACE R(11) AGE AT LAST
BIRTHDAY 44
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to
mother, including present birth 4

MOTHER

(14) NAME BEFORE
MARRIAGE Lizzie Davenport(15) PRESENT
POSTOFFICE
OF MOTHER Newberry R 7(16) COLOR
OR
RACE B(17) AGE AT LAST
BIRTHDAY 46
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farmer(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 born alive at 6:20 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Laura King(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Newberry R 7Given name added from a supplement-
al report(26) Witness
(Signature of witness necessary only
when question 23 is signed by mark)(27) Filed May 10, 1922 (28) H. L. Bonware
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.