

## (1) PLACE OF BIRTH

County of LancasterTownship of Wheeleror  
Inc. Town of Wheeleror  
City of Wheeler

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18396

Registration District No. 1603 Registered No. 75  
(For use of Local Registrar)

(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

Lillian Rogers

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF

BIRTH June 25 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

8. FULL NAME

(14) NAME BEFORE MARRIAGE

9. PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

10. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

12. BIRTHPLACE

(18) BIRTHPLACE

13. OCCUPATION

(19) OCCUPATION

14. Number of children born to mother, including present birth

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Lillian Rogers at 11:22 M.,  
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19  
Registrar(27) Filed 6-2 1922(28) 7/18/22 Local Registrar.When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired or stillbirths before the fifth month of pregnancy.19  
Registrar(29) Filed 7/18/22

LOCAL REGISTRAR.

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