

(1) PLACE OF BIRTH

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

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

No. 3a.—For State Registrar Only
311

Registration District No. 6a Registered No. 1
 (For use of Local Registrar)

(If birth occurs in hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Dean Rogers

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

(a) BOY OR GIRL <u>Boy</u>	(b) Twin or Triplet To be answered only in event of Twin or Triplet	(c) Number in order of birth	(d) Age of Child Months <u>yes</u>	(e) DATE OF BIRTH (Month) <u>Jan</u> (Day) <u>14</u> (Year) <u>1923</u>
FATHER.			MOTHER.	
(1) FULL NAME <u>Edward Austin Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Anna Day</u>	
(2) PRESENT POSTOFFICE OF FATHER <u>Beaufort S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Beaufort S.C.</u>	
(3) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(4) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
(5) BIRTHPLACE <u>Beaufort S.C.</u>			(18) BIRTHPLACE <u>Lanier, Ga.</u>	
(6) OCCUPATION <u>Clerk of Court</u>			(19) OCCUPATION <u>Housewife</u>	
(7) Number of children born to her, including present birth <u>4</u>			(20) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.
 (22) (Signature) W. J. Ellwood M.D. (Hour A. M. or P. M.)
 (23) Name Physician or Midwife (24) Address of Physician or Midwife Beaufort S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Jan 15 1923 (27) Registrar W. J. Ellwood

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 Registrar
 Registrar