

(1) PLACE OF BIRTH
County of Union.....
Township of Union.....
or
Inc. Town of
or
City of Union.....
(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

No. for State Register
12248

Registration District No. 42-A
Registered No. 48.....
(For use of Local Registrar)

(No. St.; Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Virginia Rogers

1. BOY OR
GIRL Girl
2. TWIN
OR TRIPLE To be answered only in event of Twins or Triples

3. Number In
Order of Birth —

4. Ad
Circus
Worley

5. DATE OF
BIRTH Feb 11 1923
(Name of Month) (Day) (Year)

FATHER.

6. FULL
NAME Ted Rogers
7. PRESENT
POSTOFFICE
OF FATHER Union SC
8. COLOR
OR
RACE White
9. BIRTHPLACE S.C.
10. OCCUPATION mill work

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

12. Time

MOTHER.
13. NAME BEFORE
MARRIAGE Ambersine Taylor

14. PRESENT
POSTOFFICE
OF MOTHER Union SC

15. COLOR
OR
RACE White
16. BIRTHPLACE S.C.

17. OCCUPATION mill work

18. Number of children of this mother
now living, including present birth

19. Time

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive at 5 A.M., on the date above stated.

(21) (Signature) _____ (22) Address of Physician or Midwife
(23) State whether Physician or Midwife _____ (24) Address of Physician or Midwife

Virginia Rogers Union SC

Given name added from a supplement-
al report

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

(26) Filed 5-10-23 (27) Local Registrar
S. V. Barratt

*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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