Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
90723

(1) PLACE OF BIRTH

County of Lee

Township of Mt Elon

or

Inc. Town of ..... Registration District No. 304 Registered No. 94
(For use of Local Registrar)

or

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl		2	Yes	Dec 1 1916

FATHER.

(8) FULL NAME Monroe Rogers

(9) PRESENT POSTOFFICE OF FATHER St Charles

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S C

(13) OCCUPATION Farm Labour

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lockhart

(15) PRESENT POSTOFFICE OF MOTHER St Charles

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE S C

(19) OCCUPATION Farm Labour

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Martha L Bryan

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

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 Dec 9 1916 (28) Martha Smith
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. THIRD OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.