

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Bladen  
Township of Mt. Zion  
or  
Inc. Town of.....  
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 Alton Rodgers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 8 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1922  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Elliott Rodgers (14) NAME BEFORE MARRIAGE Jane King  
(9) PRESENT POSTOFFICE OF FATHER Manning S.C. (15) PRESENT POSTOFFICE OF MOTHER Manning S.C.  
(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 35  
(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) L. A. M. D. C. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mt. Zion, Manning S.C.

Given name added from a supplemental report  
.....  
..... 19.....

(26) Witness Alice Rodgers (Signature of Witness necessary only when question 25 is signed by mark)  
(27) Filed Jan 12 1922 H. P. Pharr 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.