

## (1) PLACE OF BIRTH

County of York  
Township of Shingor

## CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

43520

Mr. Town of ..... Registration District No. 4403 Registered No. 97  
(For use of Local Registrar)  
City of Rockwell S. C. (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 Fredrick Ray Logan { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 16 1924  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Fredrick Ray Logan(9) PRESENT POSTOFFICE OF FATHER Rockwell S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE York S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Jane Pearson(15) PRESENT POSTOFFICE OF MOTHER Rockwell S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Rockwell S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) ..... (24) State whether Physician or Midwife: ..... (25) Address of Physician or Midwife: Rockwell S. C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed 1/10/24 101 (28) J. R. Miller 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.

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