

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79408

(1) PLACE OF BIRTH
County of Sumter
Township of _____
or
Inc. Town of _____
or
City of Sumter
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Registration District No. 410 Registered No. 178
(For use of Local Registrar)
St. _____ Ward _____

(2) Full Name of Child Willie Rogers } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr. 5 1946
(Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME Dave Rogers
(9) PRESENT POSTOFFICE OF FATHER Sumter SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Columbia Co SC
(13) OCCUPATION Restaurant
(20) Number of children born to mother, including present birth Six

MOTHER:
(14) NAME BEFORE MARRIAGE Lavinia Hammett
(15) PRESENT POSTOFFICE OF MOTHER Sumter SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Columbia Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 25

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 9:20 M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Agnes J. Joe
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report _____
191 _____
Registrar _____

(26) Witness (Signature of Witness necessary only when question 23 is signed by clerk) _____
(27) Filed Apr 14 6 191 _____ (28) M. J. McKee 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.

MICHIGAN DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, FORM NO. 2, 1945