

MARGIN RESERVED FOR BINDING. ANY PART HEREOF WRITTEN PLAINLY, WITH UNFADING INK, IN THE PLACES FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8. MOBILE, ALABAMA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
 Township of newby
 or
 Inc. Town of Marion
 or
 City of (No. St.; Ward)

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

File No.—For State Registrar Only
86583

Registration District No. 9204 Registered No. 71
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Christen 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 3 (6) Parents Married? (7) DATE OF BIRTH Oct 28, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Eddie Rogers

(9) PRESENT POSTOFFICE OF FATHER Marion, S. C. R. 1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Lester Meare

(15) PRESENT POSTOFFICE OF MOTHER Marion, S. C. R. #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION at Home

(21) 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 at 3:25 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. N. Schofield
 (24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Franklin

Given name added from a supplemental report

 _____, 19 ____ Registrar

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

(27) Filed _____ 19 ____ (28) _____ 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.