

MARGIN RESERVED FOR BINDING. NEAREST RECORD.
WRITE PLAINLY, WITH UNFADING INK, IN PLAIN BLOCK LETTERS FOR EACH CHILD, and mark the
N. B.—In case of TWINS OR TRIPLETS, make separate blanks for EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Marion
Township of Marion
or
Inc. Town of Marion
or
City of

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)

(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 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? yes (7) DATE OF BIRTH Oct 28, 1916
(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

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

(20) Number of children born to mother, including present birth 3 (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) N. N. Schofield
(24) State whether Physician or Midwife M. D. (25) Address of Physician or Midwife Trk. S. C.

Given name added from a supplemental report

(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.