

(1) PLACE OF BIRTH

County of Spartanburg
Township of WoodruffCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

16816

or Inc. Town of Registration District No. 4009 Registered No. 55
(For use of Local Registrar)
or St.; Ward)
City of (No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

If child is not yet named, make supplemental report as directed

(2) Full Name of Child.

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>May 11 1922</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Belton Columbus Rogers</u>			(14) NAME BEFORE MARRIAGE <u>Josephine Rogers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Switzer S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Switzer S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Spartanburg Co</u>	
(13) OCCUPATION <u>Fanner</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>7</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. D. Workman
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Physician Woodruff S.C.

Give name added from a supplemental report

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

(27) Filed June 9 1922 (28) C. H. L. Boyter 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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