

(1) PLACE OF BIRTH

County of LeeTownship of Turkey Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

36739

Registration District No. 3.00.4Registered No. 45

(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 Glenn S. Rodgers

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

3) BOY OR GIRL G 4) Twin or Triplet no 5) Number in order of birth one 6) Age Parents Married yes 7) DATE OF BIRTH Sept 27 23
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME J. O. Rodgers
9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 42
(Year) 12) BIRTHPLACE S.C. U.S.A.
13) OCCUPATION Merchant
14) Number of children born to mother, including present birth 1 female

MOTHER.

14) NAME BEFORE MARRIAGE Miss Abbie McRitter
15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 30
(Year) 18) BIRTHPLACE Frederick Co. Md.
19) OCCUPATION Domestic
20) Number of children of this mother now living, including present birth 1 female

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Glenn S. Rodgers at 5:40 on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glenn S. Rodgers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 15 23 (28) G. S. Rodgers 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.