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

(1) PLACE OF BIRTH

County of _Sumter_

Township of _Rafting Creek_
or
Inc. Town of ....
or
City of .... _Hagood_ .... (No. .... St.; .... Ward.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only.
79484

Registration District No. _4106_ Registered No. _168_
(For use of Local Registrar)

(2) Full Name of Child _Rogers Wailer_ { If child is not yet named, make supplemental report as directed

| (3) BOY OR GIRL? _Boy_ | (4) Twin or Triplet? | (5) Number in order of birth _11_ To be answered only in event of Twins or Triplets | (6) Are Parents Married? _yes_ | (7) DATE OF BIRTH _Feb 25, 16_ (Name of Month) (Day) (Year) |

FATHER.

(8) FULL NAME _CEBORN_ _Ceburn Wailer_

(9) PRESENT POSTOFFICE OF FATHER _Hagood_

(10) COLOR OR RACE _negro_

(11) AGE AT LAST BIRTHDAY _42_ (Years)

(12) BIRTHPLACE _Sumter Co_

(13) OCCUPATION _Farmer_

(20) Number of children born to mother, including present birth { _11_

MOTHER.

(14) NAME BEFORE MARRIAGE _Mary Brown_

(15) PRESENT POSTOFFICE OF MOTHER _Hagood_

(16) COLOR OR RACE _negro_

(17) AGE AT LAST BIRTHDAY _42_ (Years)

(18) BIRTHPLACE _Sumter Co_

(19) OCCUPATION _House Wife_

(21) Number of children of this mother now living, including present birth { _5_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _alive_ at ___ 4 ___ A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) _Clency X Durant_

(24) State whether Physician or Midwife _midwife_

(25) Address of Physician or Midwife _Hagood_

WC Haile

Given name added from a supplemental report

.... 191..

.... Registrar

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

(27) Filed _Sept 28 1916_ (28) _WC Haile_ 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.