

MARGIN RESERVED FOR BINDING.

WRITER PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IF B.—IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in spaces at

Form No. 1

(1) PLACE OF BIRTH

County of Anderson

Township of Wofford

or Town of Rebo

or City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32

No. 30909

Registered No. 131
 (For use of Local Registrar)

(2) Full Name of Child Male

RODGERS

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

(a) SEX OF CHILD Male

(b) Type or Trace -

(c) Number in order of birth 3
 To be entered only in case of Twin or Triplet

(d) Was born before marriage yes

(e) DATE OF BIRTH Oct 22, 23
 (Name of Month) (Day) (Year)

FATHER.
 (1) FULL NAME S L Rodgers
 (2) PRESENT RESIDENCE OF FATHER Pelzer So
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 24 (Year)
 (5) BIRTHPLACE Anderson County
 (6) OCCUPATION mill work
 (7) Number of children born to mother, including present one 13

MOTHER.
 (1) NAME BEFORE MARRIAGE Ruth Davis
 (2) PRESENT RESIDENCE OF MOTHER Pelzer So
 (3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 23 (Year)
 (5) BIRTHPLACE Pelzer So
 (6) OCCUPATION Damascus
 (7) Number of children of this mother now living, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was White (Sex) (Date given or stillborn) (Month A. M. or P. M.)
 on the date above stated.

(2) (Signature) W. B. DeLoach

(3) State whether Physician or Midwife

(4) Address of P. Pelzer So

Given and signed by me, Registrar, at _____

(5) Witness (Signature of Witness necessary only when condition is to child by birth)
Oct 23, 1923
W. B. DeLoach
W. B. DeLoach

