

(1) PLACE OF BIRTH

County of Lexington
 Township of Reynolds
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

85645

Registration District No. 2013 Registered No. 76
 (For use of Local Registrar)
 St.; _____ Ward; _____
 (No. _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>31</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 5-6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Rodgers</u>			(14) NAME BEFORE MARRIAGE <u>Elijah Knuds</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Pamplio</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Pamplio</u>	
(10) COLOR OR RACE <u>col.</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> <small>(Years)</small>	(16) COLOR OR RACE <u>col.</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Pamplio</u>			(18) BIRTHPLACE <u>Pamplio</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Clara Daves

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.W.Pamplio

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 18 6

(28)

Local Registrar

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.

WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw, of Columbia.