

(1) PLACE OF BIRTH

County of GreenvilleTownship of GanttOR
Inc. Town ofOR
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
64539Registration District No. 2207 Registered No. 10(2) Full Name of Child Sily Rogers { 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>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 3, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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(8) FULL NAME
Thomas Rogers(9) PRESENT POSTOFFICE OF FATHER
Rt. 6, Greenville, S. C.(10) COLOR OR RACE
colored(11) AGE AT LAST BIRTHDAY
22
(Years)(12) BIRTHPLACE
Anderson County, S. C.(13) OCCUPATION
Farmer(20) Number of children born to mother, including present birth
1(14) NAME BEFORE MARRIAGE
Annabell Latimore(15) PRESENT POSTOFFICE OF MOTHER
Rt. 6, Greenville, S. C.(16) COLOR OR RACE
colored(17) AGE AT LAST BIRTHDAY
20
(Years)(18) BIRTHPLACE
Greenville Co., S. C.(19) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:30 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Betty Sherman(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rt. 6, Greenville, S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1916 (28) C. B. Hendrix
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.

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.