

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Gantt

Inc. Town of

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

File No.—For State Registrar Only

64539

Registration District No. 2207 Registered No. 10

(For use of Local Registrar)

(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>	(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>
				(Name of Month) (Day) (Year)

## FATHER.

(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 Co. S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(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

, 191...

Registrar

(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.