

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

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

(2) Full Name of Child. *Walter Eugene Rogers*

File No. — For State Registrar Only

53852

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *4009*Registered No. *27*

(For use of Local Registrar)

St. *10* Ward *16*

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

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *March 10*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *W. E. Rogers*(9) PRESENT POSTOFFICE OF FATHER *Woodhuff S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *23*

(Years)

(12) BIRTHPLACE *Memphis TN*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Fannie Hips*(15) PRESENT POSTOFFICE OF MOTHER *Woodhuff S.C.*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *28*

(Years)

(18) BIRTHPLACE *Spartanburg SC*(19) OCCUPATION *Domestic*(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 *12-10* a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. H. Jones, M.D.*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Crescent St. S.C.*

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) File No. *191*

(28)

Local Registrar. *Charles Rogers*

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.