

(1) PLACE OF BIRTH
 County of Spartanburg
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
53852

Inc. Town of Registration District No. 4009 Registered No. 27
 (For use of Local Registrar)
 City of (No.) St. Ward)
 (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 ... } 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 19116
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME W. E. Rogers
 (9) PRESENT POSTOFFICE OF FATHER Woodruff 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 Hipps
 (15) PRESENT POSTOFFICE OF MOTHER Woodruff S. C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Spartanburg S. C.
 (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. J. 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
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed March 16 19116 (28) Charles Boyter 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.

Registrar

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THIS IS A PREPARATION OF THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA. IT IS TO BE FILED IN THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, SOUTH CAROLINA. IN CASE OF TWIN OR TRIPLET BIRTHS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.