

(1) PLACE OF BIRTH

County of Anderson
 Township of Hopewell
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3-C

File No.—For State Registrar Only

17539

Registered No. 30
 (For use of Local Registrar)

(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 Cecil Rogers

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets. (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 6 - 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME C. Rogers
 (9) PRESENT POSTOFFICE OF FATHER Williamston S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33
 (Years) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Glady Stringer
 (15) PRESENT POSTOFFICE OF MOTHER Williamston S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 1 (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... at 10 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Ruyton M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Williamston 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 7/8/22 (28) Lillian Russell
 Registrar 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.

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