

(1) PLACE OF BIRTH

County of LeeTownship of Stokes Bridgeor
Inc. Town ofor
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

90751

Registration District No. 3008 Registered No. 86
(For use of Local Registrar)(2) Full Name of Child James Rogers { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 28</u> 19 <u>16</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Robt Rogers</u>	(14) NAME BEFORE MARRIAGE <u>Corana Dukes</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Hartsville SC R2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville SC R2</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Lee Co</u>	(18) BIRTHPLACE <u>Darlington Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kather Lee(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Bishopville SC R6

Given name added from a supplemental report

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

(27) Filed 12/30/16 (28) C.H. Pate 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.