

Form No. 1

## (1) PLACE OF BIRTH

County of Dillon  
 Township of Hillsboro  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**29953**

Registration District No. 1603 Registered No. 136  
 (For use of Local Registrar)

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

(2) Full Name of Child Robert Rogers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-16-22  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Leslie Rogers  
 (9) PRESENT POSTOFFICE OF FATHER Lake View S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29  
 (Years)  
 (12) BIRTHPLACE Dillon Co.  
 (13) OCCUPATION Farmer

MOTHER.  
 (14) NAME BEFORE MARRIAGE Fahbert Gray  
 (15) PRESENT POSTOFFICE OF MOTHER Lake View S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29  
 (Years)  
 (18) BIRTHPLACE Dillon Co.  
 (19) OCCUPATION Housework

(20) Number of children born to mother, including present birth Three (21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Lester M.D. (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Lake View 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 9-20-22 (28) W. E. Lester Local Registrar

\*When there was no attending physician or midwife, then the father, householder, or other person present at the birth must sign this certificate. 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MADE BY COLUMBIA, COLUMBIA, S. C.