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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Williamsburg
Township of.....
or
Inc. Town of.....
or
City of Cades, S. Car.
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4303

FILE No.—For State Registrar Only

00609

Registered No.
(For use of Local Registrar)2. FULL NAME OF CHILD Dorothy Rogers { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth October 22, 1922
(Month, day, year)9. Full name Pray Thomas Rogers FATHER 18. Name before marriage Stacy Coker MOTHER10. Residence (mailing address) Cades, S. C. (If non-resident, give place and State) 19. Residence (mailing address) Cades, S. C. (If non-resident, give place and State)11. Color or race White 12. Age at child's birth 21 (years) 20. Color or race White 21. Age at child's birth 18 (years)13. Birthplace (city or place) Williams County, S. C. (State or country) 22. Birthplace (city or place) Williams County, S. C. (State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Bookkeeper15. Industry or business in which work was done, as own home, sawmill, bank, etc. Farmer 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living one (b) Born alive but now dead one (c) Stillborn.....

28. If stillborn, period of gestation..... (months) weeks 29. Cause of stillbirth..... Before labor..... During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report..... (Date of)

Registrar.

Mather ✓
(Signed) Stacy Coker Rogers, Parent
or....., Guardian
Address Kingstree S. C.
Filed Feb. 17, 1922 L. A. Riser, M.D.
Registrar.

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50¢ pack.

1/24/44

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)