

50¢ack.

1/24/44

bcy

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.)

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

## 1. PLACE OF BIRTH

County of...

Township of...

or

Inc. Town of...

or

City of...

(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

22 050039

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

If Plural births

4. Twins, triplets or other

6. Premature

7. Are Parents

8. Date of birth

October 22

1922

5. Number, in order of birth

Full term

Married?

(Month, day, year)

9. Full name

FATHER

18. Name before marriage

MOTHER

10. Residence (mailing address)  
(If non-resident, give place and State)19. Residence (mailing address)  
(If non-resident, give place and State)

11. Color or race

12. Age at child's birth

20. Color or race

21. Age at child's birth

13. Birthplace (city or place)  
(State or country)22. Birthplace (city or place)  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

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

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

(b) Born alive but now dead

(c) Stillborn

28. If stillborn, period of gestation

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)

(Signed)

or

Address

Filed

Mather

Sladys Coker Rogers

Kingstree S.C.

Feb. 17, 1944

L. A. Riser, M.D.

Registrar.

D