

(1) PLACE OF BIRTH

County of MarbleTownship of Cherokeeor
Inc. Town of Cherokeeor
City of Cherokee

(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

Registration District No. 334.4

File No. — For State Registrar Only

4602

Registered No. 23
(For use of Local Registrar)(2) Full Name of Child Lynne Rogers

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

3. BOY OR GIRL Boy4. Twin or Triplet No5. Number in order of birth 16. No. of previous marriages 07. DATE OF BIRTH July 12, 1923

(Name) (Month) (Day) (Year)

FATHER.

8. FULL NAME Bromfield D. Rogers9. PRESENT POSTOFFICE OF FATHER Cherokee, S.C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 44

(Year)

12. BIRTHPLACE S.C.13. OCCUPATION Teacher20. Number of children born to mother, including present birth 6

MOTHER.

14. NAME BEFORE MARRIAGE Effie Cella Pullen15. PRESENT POSTOFFICE OF MOTHER Cherokee, S.C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 40

(Year)

18. BIRTHPLACE S.C.19. OCCUPATION Teacher21. Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 8:00 P.M., on the date above stated. (Born alive or stillborn Hour M. or P.M.)(23) (Signature) L. H. Wadley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Cherokee, S.C.

Given name added from a supplemental report

May 9, 1923Jamie Carey

(26) Witness

(Signature of Witness here, if any, when question 23 is signed)

(27) Filed Mar 9, 1923(28) L. H. Wadley

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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