

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**50009**

(1) PLACE OF BIRTH  
County of Dee  
Township of Krower  
or  
Inc. Town of ..... Registration District No. 26<sup>02</sup> Registered No. 16  
(For use of Local Registrar)  
or  
City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Meo Rogan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?  BOY  GIRL  
(4) Twin or Triplet?  To be answered only in event of Twins or Triplets  
(5) Number in order of birth .....  
(6) Are Parents Married?  Yes  No  
(7) DATE OF BIRTH Jan, 21, 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Joseph M. Rogan  
(9) PRESENT POSTOFFICE OF FATHER Med Union  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)  
(12) BIRTHPLACE Dee Co SC  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 3

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Kate White  
(15) PRESENT POSTOFFICE OF MOTHER Med Union  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
(Years)  
(18) BIRTHPLACE Dee Co SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 10:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature John M. Knappe  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Med Union

Given name added from a supplemental report  
....., 191.....  
..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Mar 6 1916 (28) J. W. Smith 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.

MAKE INK RESERVE FOR BONDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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.

*This certificate was not sent in for final report*