

MARGIN RESERVED FOR BINDING.  
 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Sumner</i>		STATE OF SOUTH CAROLINA		87706	
Township of <i>S. Hill</i>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <i>2-12</i>		Registered No. <i>45</i>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <i>Roberta Rogers</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>no</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Nov 1, 1916</i>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Joe Rogers</i>			(14) NAME BEFORE MARRIAGE <i>Lera Sims</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Whitman St.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Whitman St.</i>		
(10) COLOR OR RACE <i>Black</i>		(11) AGE AT LAST BIRTHDAY <i>47</i>	(16) COLOR OR RACE <i>Black</i>		(17) AGE AT LAST BIRTHDAY <i>45</i>
(12) BIRTHPLACE <i>Sumner Co.</i>			(18) BIRTHPLACE <i>Sumner Co.</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Field Hand</i>		
(20) Number of children born to mother, including present birth <i>11</i>		(21) Number of children of this mother now living, including present birth <i>10</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>50</i> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Emma Rice</i>		(24) State whether Physician or Midwife <i>Midwife</i>			
(25) Address of Physician or Midwife <i>Whitman St.</i>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
		(27) Filed <i>Nov 30, 1916</i> (28) <i>J. E. Mobley</i> 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.					