

(1) PLACE OF BIRTH

County of Charleston

Township of 11

Inc. Town of 11

City of 11 (No. 196 Eden St.) (Ward)

(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

No. 8471 — For State Registrar Only

Registration District No. 40-a Registered No. 95

(For use of Local Registrar)

(2) Full Name of Child Roger

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet <u>1st</u> To be covered only in case of Twin or Triplet	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>2-25-23</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Oscar Rogers</u>		(14) NAME BEFORE MARRIAGE <u>Micie Pickens</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>22</u>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Truck Driver</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 M., on the date above stated. (Sign as or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. P. Evans, mid.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4-25-23 (28) Jan Spencer 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.