

(1) PLACE OF BIRTH  
County of Union S.C.  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**32551**

Incl. Town of Union Registration District No. 42-A Registered No. 121  
(For use of Local Registrar)  
City of Union (No. H. Church St.; 1 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jennie Lynn Rodgers If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? ☒ (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 1, 22  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME J. C. Rodgers  
(9) PRESENT POSTOFFICE OF FATHER Union S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION Auto mobile Mechanic  
(14) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Naomie Fawcett  
(15) PRESENT POSTOFFICE OF MOTHER Union S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Union S.C.  
(19) OCCUPATION Housewife  
(20) Number of children of this mother now living, including present birth 2

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

(21) I hereby certify that I attended the birth of this child who was born at Union S.C. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. H. Madson  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 10-10-22 (28) V. G. S. 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.