Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
38109

Registration District No. 1603 Registered No. 188
(For use of Local Registrar)

(1) PLACE OF BIRTH

County of Dillon
Township of Hillsboro
or
Inc. Town of .....
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 L. C. Rogers — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	July 7 1922

(4) and (5) To be answered only in event of Twins or Triplets

FATHER

(8) FULL NAME Lee Rogers
(9) PRESENT POSTOFFICE OF FATHER Fork SC
(10) COLOR OR RACE Colored
(11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farming
(22) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Celia Hamilton
(15) PRESENT POSTOFFICE OF MOTHER Fork SC
(16) COLOR OR RACE Colored
(17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Field Hand
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) A. A. Evans
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Fork SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec. 8 1922 (28) M. M. Sellers 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.