

(1) PLACE OF BIRTH

County of Lawrence
Township of Lawrence & Roubidoux
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

4132

State Board of Health
Registration District No. 2006 Registered No. 11.....
(For use of Local Registrar)

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.)
(If child is not yet named, make

(2) Full Name of Child Elizabeth Keusea Sengate If child is not yet named, make supplemental report as directed

(2) Full Name of Child: <u>Michael</u>		(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH: <u>July 25, 1922</u> (Name) (Month) (Day) (Year)
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>5</u>	

FATHER.

8) FULL NAME *William Clifton Rogers*

9) PRESENT POSTOFFICE OF FATHER *Summersville, S.C.*

10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *40* (Year)

12) BIRTHPLACE *Law County*

13) OCCUPATION *arming*

20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jones*

(15) PRESENT POSTOFFICE OF MOTHER *Furmanville, S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *30*
(Years)

(18) BIRTHPLACE *Lowndes County*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *15*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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(22) I hereby certify that I attended the birth of this child, who was Alive at 4 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
W. Tarrant M.D.

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Quincy, B.C.

Given name added from a supplemental report

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

(27) Filed Feb 28 1922 (28) Mrs. J. H. Hunsche
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.

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