

## (1) PLACE OF BIRTH

County of Lee  
 Township of Turkey Creek  
 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

8305

Registration District No. 3009 Registered No. 14  
 (For use of Local Registrar)

(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 John Harford Rodgers (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28, 22  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John O. Rodgers

(9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Year)

(12) BIRTHPLACE S.C. U. S. A.

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Alice McKister

(15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)

(18) BIRTHPLACE Florence Co. S.C.

(19) OCCUPATION domestic

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11:25 A.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Watkins, M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lucknow 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 Mar 15 19 22 (28) J. O. Rodgers Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report 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.

MARGIN HEREIN IS FOR BINDER. WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS use a NEUTRAL PENCIL IN THE CHILD'S AND MOTHER'S NAMES. PRINT—GIVEN, No. 1. THE OFFICE, No. 2, etc. to question 5. MAKE OF COURTESY, Columbia, S. C.