

Form No. 1

(1) PLACE OF BIRTH

County of MarionTownship of Leffletor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Elson Rogers

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

1 BOY OR GIRL?

Boy

4) Twin or Triplet?

5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb 30 13
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Elmore Rogers

9) PRESENT POSTOFFICE OF FATHER

Centenary S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

Marion County

(13) OCCUPATION

Farm Laborer

20 Number of children born to mother, including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lucy Willis

(15) PRESENT POSTOFFICE OF MOTHER

Centenary S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Marion County

(19) OCCUPATION

Housewife

(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 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ellen Williams
Midwife
Marion County
W. H. Howell

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15 13

(28)

W. H. Howell

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.