

Form No. 3

(1) PLACE OF BIRTH

County of MarionTownship of Leffeltor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. For State Registrar Only
15081Registration District No. Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child

Elson Rogers

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

1 BOY OR GIRL? <u>Boy</u>	4 Twin or Triplet?	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	17 DATE OF BIRTH <u>Feb 20 1913</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
2 FULL NAME <u>Elmore Rogers</u>	14 NAME BEFORE MARRIAGE <u>Lucy Willis</u>			
3 PRESENT POSTOFFICE OF FATHER <u>Centerville S.C.</u>	15 PRESENT POSTOFFICE OF MOTHER <u>Centerville S.C.</u>			
10 COLOR OR RACE <u>Negro</u>	11 AGE AT LAST BIRTHDAY <u>40</u> (Years)	16 COLOR OR RACE <u>Negro</u>	17 AGE AT LAST BIRTHDAY <u>27</u> (Years)	
12 BIRTHPLACE <u>Marion County</u>	16 BIRTHPLACE <u>Marion County</u>			
13 OCCUPATION <u>Farm Laborer</u>	16 OCCUPATION <u>Housewife</u>			
20 Number of children born to mother, including present birth <u>5</u>	21 Number of children of this mother now living, including present birth <u>4</u>			

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) Ellen Williams(24) State whether Physician or Midwife(25) Address of Physician or Midwife Marion County

Given name added from a supplemental report

(26) Witness W. H. Howell

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

(27) Filed May 15 1913

(28)

Local Registrar W. H. Howell

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.