

(1) PLACE OF BIRTH

County of Marlboro  
Township of Brownsville  
or  
Incl. Town of \_\_\_\_\_  
of \_\_\_\_\_  
City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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 Health

File No.—For State Registrar Only  
**8473**

Registration District No. 3303 Registered No. 8  
(For use of Local Registrar)

(2) Full Name of Child. Dale Drake Rogers

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 20, 1922  
(Name of Month) (Day) (Year)

**FATHER:**  
(8) FULL NAME John Elmer Rogers  
(9) PRESENT POSTOFFICE OF FATHER Bliss Lewis S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Marlboro  
(13) OCCUPATION Farmer  
(14) Number of children born to mother, including present birth 5

**MOTHER:**  
(14) NAME BEFORE MARRIAGE Virginia Harden  
(15) PRESENT POSTOFFICE OF MOTHER Bliss Lewis  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Marlboro  
(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 born alive 12:20 P.M. (Hour A. M. or P. M.) on the date above stated. (Born alive or stillborn)

(23) (Signature) Dr. J. H. Hurrey (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Brownsville

Given name added from a supplemental report \_\_\_\_\_  
191 \_\_\_\_\_  
Registrar

(26) Witness \_\_\_\_\_ (Signature of Witness, necessary only when question 23 is signed by father)  
(27) Filed Jan. 30, 1922 (28) R.D.R. Rogers (Name of Registrar)

When there was no attending physician or midwife, when 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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