

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 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
7620

Registration District No. 5001 Registered No.
 (For use of Local Registrar)

(City of (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, Maia Rogers If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL <u>Boy</u>	(8) Twin or Triplet? <u>No</u>	(9) Number in order of birth <u>2</u>	(10) Are Parents Married? <u>Yes</u>	DATE OF BIRTH <u>Feb 27 23</u> (Name of Month) (Day) (Year)
(3) FATHER'S FULL NAME <u>Lisha Rogers</u>		(4) MOTHER'S NAME BEFORE MARRIAGE <u>Minnie Gordon</u>		
(5) PRESENT POSTOFFICE OF FATHER <u>Lamar</u>		(6) PRESENT POSTOFFICE OF MOTHER <u>Lamar</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	
(12) BIRTHPLACE <u>Flaree</u>		(12) BIRTHPLACE <u>Darlington</u>		
(13) OCCUPATION <u>Farmer</u>		(13) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lisha Rogers
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness A. H. Hunt
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3/12/23 (28) W. J. Dugan
 Registrar 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

BUREAU OF COLUMBIA, COLUMBIA, S. C.