

Form No. 10.
 PRINTED IN THE STATE OF SOUTH CAROLINA.
 WITHIN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Dorchester

Township of Lake City

Inc. Town of

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 Ray Masow Rogers

File No.—For State Registrar Only

49020

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 2012 Registered No. 7
 (For use of Local Registrar)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 12, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Wm. C. Rogers
 (9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Indiana
 (13) OCCUPATION Merchant
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Ida M. Ellister
 (15) PRESENT POSTOFFICE OF MOTHER Lake City, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Williamsburg Co.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.) 11.2 - M.
 on the date above stated.

(23) (Signature) H. L. Pittshead
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan. 14, 1916 (28) C. D. Rollins Local 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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