

## (1) PLACE OF BIRTH

County of PickensTownship of Aor  
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

29822

Registration District No. 2704Registration No. 87  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Eyes <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Sept 14 23</u>
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## FATHER.

(8) FULL NAME <u>William Rogers</u>	(14) NAME BEFORE MARRIAGE <u>Ben's Kelly</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Central S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Central S.C.</u>
(10) COLOR OR RACE <u>W.</u>	(16) COLOR OR RACE <u>W.</u>
(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(17) AGE AT LAST BIRTHDAY <u>23</u> (Year)
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... M.,  
on the date above stated. (Dead or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Marsh  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Central S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/5 1923 (28) Local Registrar  
[Signature]

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirth before the fifth month of pregnancy.