

1 PLACE OF BIRTH  
County Lincoln  
City of Bee Lick  
No. \_\_\_\_\_ St. \_\_\_\_\_

NOTE: All facts must be given as of the Date of the Birth being recorded.

# COMMONWEALTH OF KENTUCKY

STATE BOARD OF HEALTH  
Bureau of Vital Statistics

## Special Certificate of Birth and Affidavits

(For Use in Recording Births Occurring Prior to 1911)

File No. \_\_\_\_\_

2 FULL NAME OF CHILD Edward Rogers

3 Sex of Child <u>Male</u>	4 Legitimate? <u>Yes</u>	5 Twin, Triplet or other To be answered in case of plural births only	6 Number in order of birth	7 Date of Birth Month <u>November</u> Day <u>17</u> Year <u>1877</u>
8 FULL NAME FATHER <u>Galen Rogers</u>			14 FULL MAIDEN NAME MOTHER <u>Jane Sowder</u>	
9 POST OFFICE AT TIME OF THIS BIRTH <u>Bee Lick, Kentucky</u>			15 POST OFFICE AT TIME OF THIS BIRTH <u>Bee Lick, Kentucky</u>	
10 COLOR OR RACE <u>White</u>		11 AGE AT TIME OF THIS BIRTH <u>29</u> (Years)		16 COLOR OR RACE <u>White</u>
12 BIRTHPLACE <u>Lincoln County Kentucky</u>		17 AGE AT TIME OF THIS BIRTH <u>27</u> (Years)		
		18 BIRTHPLACE <u>Rockcastle County Kentucky</u>		

Affidavit: I hereby declare upon oath that the above statements are true. (To be signed by registrant, if possible.)

Signature Edward Rogers Address Somerset, Kentucky  
Subscribed and sworn to before me May 8 19 44  
(SEAL) (Applicant—Do not write below this line.) Marie P. Hamilton

★ County Court Clerk  
Pulaski County Ky.  
Abstract of Supporting Evidence  
Name and Kind of Document Date Original Document Was Made

1		
2		
3		
4		

### Information Concerning Registrant As Stated in Documents

Birth Date or Age	Birthplace	Name of Father	Maiden Name of Mother
1			
2			
3			
4			

Additional information: \_\_\_\_\_

Signature \_\_\_\_\_ Date Filed \_\_\_\_\_

J. F. Blackerby, State Registrar, Reviewing Official

(over)