

PLACE OF BIRTH

County LincolnCity of Bee Lick

No. _____ St. _____

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

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

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

Signature Edward RogersAddress Somerset, Kentucky

Subscribed and sworn to before me.

May 8

19 **44**Quie P. Hamilton

County Court Clerk

Date Original Document Was Made

Abstract of Supporting Evidence
Name and Kind of Document

1			
2			
3			
4			

Information Concerning Registrant As Stated in Documents

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

Additional information: _____

Signature _____

J. F. Blackerby, State Registrar, Reviewing Official

Date Filed _____

(over)