

(1) PLACE OF BIRTH

County of HillTownship of Millboroor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1603

File No.—for State Registrar Only

10186Registered No. 38
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alfred Claude Rogers

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD Girl (4) Twin or Triplet ☒ (5) Number in order of birth 42 (6) Age 9 1/2 (7) DATE OF BIRTH Feb 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R.S. Rogers(9) PRESENT POSTOFFICE OF FATHER Lake View S E(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 43
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Banker(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Bruce Pearson(16) PRESENT POSTOFFICE OF MOTHER Lake View S E(17) COLOR OR RACE W (18) AGE AT LAST BIRTHDAY 34
(Year)(19) BIRTHPLACE Woodruff S E.(20) OCCUPATION None(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. E. Lister
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lake View S EGiven name added from a supplement-
al report(26) Witnesses (Signature of Witness necessary only
when question 23 is signed "Stillborn")(27) Filed 4-17-22 (28) W. H. Rogers
RegistrarWhen there was no attending physician or midwife, then the father, householder, or other person must report the 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.