

PLACE OF BIRTH,

County of Myron  
Municipality of Reavesor  
Town of .....

City of .....

# **CERTIFICATE OF BIRTH** STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 3705 Registered No. 79  
(For use of Local Registrar)

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

(1) Full Name of Child Albert Rogers (If child is not yet named, make supplemental report as directed)

(2) SEX OR GENDER Boy (3) Twin or Triplet - (4) Number in order of birth - (5) Age at last birthday yr (6) DATE OF BIRTH July 28, 23  
(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME David Bernard Rogers(8) PRESENT POSTOFFICE OF FATHER Mullins SC(9) COLOR OR RACE W (10) AGE AT LAST BIRTHDAY 38  
(Year)(11) BIRTHPLACE Merion County SC(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Hettie Papp(15) PRESENT POSTOFFICE OF MOTHER Mullins SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32  
(Year)(18) BIRTHPLACE Merion County SC(19) OCCUPATION House work(20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Permanently at 3 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. H. G. Smith(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Mullins SC

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed "Stillborn")

(26) Filed 9/10/23 (27) Local Registrar J. H. G. Smith

When there was no attending physician or midwife, then 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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