

10/11/40

16 092846

1. PLACE OF BIRTH

County of AikenTownship of Tabernacleor Kitching MillsInc. Town of RFD #1

City of..... (No..... St.;..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

0093

Registration District No. 201

Registered No.....
(For use of Local Registrar)2. FULL NAME OF CHILD Jesse Kinsler Roof

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

3. BOY OR GIRL

Boy

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

December 5

19 16

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME Michael Lowman Roof9. PRESENT POSTOFFICE OF FATHER Kitching Mills, S. C.10. COLOR OR RACE White11. AGE AT LAST BIRTHDAY 30
(Years)

12. BIRTHPLACE

Lexington Co., S. C.

13. OCCUPATION

Farmer

20. Number of children born to mother, including present birth }

MOTHER

14. NAME BEFORE MARRIAGE Eunice Kitching15. PRESENT POSTOFFICE OF MOTHER Kitching Mills, S. C.16. COLOR OR RACE White17. AGE AT LAST BIRTHDAY 30
(Years)

18. BIRTHPLACE

Kitching Mills, S. C.

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was alive at..... M.
on the date above stated. (Hour A.M. or P.M.)
(Born alive or stillborn)23. Signature M. B. Woodward24. State whether Physician or Midwife Physician25. Address of Physician or Midwife Wagener, 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 October 16 19 4028. M. B. Woodward, M. D.

Asst. State Local Registrar

Registrar

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

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.