

10/11/40

16 092846

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.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE No.—For State Registrar Only	
STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		0093	
County of <u>Aiken</u>		Township of <u>Tabernacle</u>		Registration District No. <u>201</u>	
or <u>Kitching Mills</u>		or <u>RFD #1</u>		Registered No. _____	
City of _____		(No. _____ St.; _____ Ward)		(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 <u>Jesse Kinsler Roof</u>		(If child is not yet named, make supplemental report as directed)			
3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>December 5</u>	<u>19</u> <u>16</u>
			(Name of Month) (Day) (Year)		
FATHER			MOTHER		
8. FULL NAME <u>Michael Lowman Roof</u>			14. NAME BEFORE MARRIAGE <u>Eunice Kitching</u>		
9. PRESENT POSTOFFICE OF FATHER <u>Kitching Mills, S. C.</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Kitching Mills, S. C.</u>		
10. COLOR OR RACE <u>White</u>		11. AGE AT LAST BIRTHDAY <u>30</u>		16. COLOR OR RACE <u>White</u>	
		(Years)		17. AGE AT LAST BIRTHDAY <u>30</u>	
				(Years)	
12. BIRTHPLACE <u>Lexington Co., S. C.</u>			18. BIRTHPLACE <u>Kitching Mills, S. C.</u>		
13. OCCUPATION <u>Farmer</u>			19. OCCUPATION <u>Housewife</u>		
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
22. I hereby certify that I attended the birth of this child, who was <u>alive</u> at _____ M. on the date above stated. (Hour A.M. or P.M.)					
23. Signature <u>[Signature]</u>			24. State whether Physician or Midwife <u>Physician</u>		
			25. Address of Physician or Midwife <u>Wagener, S. C.</u>		
Given name added from a supplemental report _____, 193____			26. Witness _____		
Registrar _____			(Signature of Witness necessary only when question 23 is signed by mark)		
27. Filed <u>October 16</u> <u>1940</u>			28. <u>M. B. Woodward, M.D.</u> <u>Asst. State</u> <u>Local</u> Registrar		

*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.