

## (1) PLACE OF BIRTH

County of Seaford

Township of .....

or  
Inc. Town of .....

City of .....

(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

31186

Registration District No. 3109 Registered No. 103

(For use of Local Registrar)

(2) Full Name of Child Emilie Juanita Roof

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

(3) BOY OR GIRL? Girl(4) Twin or triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 29, 1912

(Name of Month) (Day) (Year)

(8) FULL NAME

Jesse Marion Roof

(9) PRESENT POSTOFFICE OF FATHER

Lexington, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25 (Years)

(12) BIRTHPLACE

Lex Co

(13) OCCUPATION

Farming

(14) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emily Hook

(15) PRESENT POSTOFFICE OF MOTHER

Lexington S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26 (Years)

(18) BIRTHPLACE

Lex Co

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 A on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

11/23/42 101...M. B. Woodward, M.D.

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 9, 1912(28) Mrs. C.E. Taylor

Local 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.

Registrar I

Local Registrar

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