

(1) PLACE OF BIRTH

County of LEXINGTON,  
Township of LEXINGTON,  
or  
Inc. Town of .....  
or  
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  
18017

Registration District No. 3109 Registered No. 57  
(For use of Local Registrar)

(2) Full Name of Child ..... { 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 Aug. 12 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME E. Boley Roof  
(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)  
(12) BIRTHPLACE Lexington County  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 5

MOTHER  
(14) NAME BEFORE MARRIAGE Mattie Hite  
(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)  
(18) BIRTHPLACE Lexington County  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was clean at 5 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Matthews M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington, S.C.

Given name added from a supplemental report  
....., 191.....  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) File Aug. 15 1916 (28) J. W. Matthews 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.

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FORM NO. 1  
LARGE PRINTED AND 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.  
McCaw, of Columbia.  
N. B.  
McCaw.