

(1) PLACE OF BIRTH

County of LEXINGTONTownship of LEXINGTONor
Inc. Town ofor
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

18077

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?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Aug. 12 1916

(Name of Month) (Day) (Year)

(8) FULL NAME E. Buley Roof

FATHER

(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(14) NAME BEFORE MARRIAGE Mattie Hite

MOTHER

(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 born at 5A 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 (25) Address of Physician or Midwife Lexington, S.C.

Given name added from a supplemental report

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(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
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.

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