

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH  
County of Springton  
Township of LEXINGTON  
or  
Inc. Town of .....  
or  
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  
**78096**

Registration District No. 3109 Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child Earnest Marion Mathias { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No. (5) Number in order of birth 6 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 4 1916  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Jessie Marion Mathias</u>	(14) NAME BEFORE MARRIAGE <u>Lucy Mallison Jordan</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lexington S.C.</u>	(16) COLOR OR RACE <u>white</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lexington S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(10) COLOR OR RACE <u>white</u>	(18) BIRTHPLACE <u>Lexington</u>
(11) AGE AT LAST BIRTHDAY <u>40</u> (Years)	(19) OCCUPATION <u>Domestic Duties</u>	(12) BIRTHPLACE <u>Lexington</u>	(20) Number of children of this mother now living, including present birth <u>5</u>
(13) OCCUPATION <u>Farmer</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive, at 8-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. White (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) Filed 89 1916 (28) D. R. Hatterwanger 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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