

(1) PLACE OF BIRTH LEXINGTONCounty of Lexington

Township of

or Inc. Town of

or City of

(if birth occurs in a hospital or other institution, the 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
69397Registration District No. 3109Registered No. 48

(For use of Local Registrar)

(2) Full Name of Child Lucius Walter Goble

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

3rd

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Thomas Goble

(9) PRESENT POSTOFFICE OF FATHER

Lexington P.O.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Lexington

(13) OCCUPATION

Farmer

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

3rd

MOTHER.

(15) NAME BEFORE MARRIAGE

Alma Sophia Butler

(16) PRESENT POSTOFFICE OF MOTHER

Lexington

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

20

(Years)

(19) BIRTHPLACE

Lexington

(20) OCCUPATION

Domestic Duties

(21) 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 at Lexington on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)

(23) (Signature)

Dr. J. R. Roberts

(24) State whether Physician or Midwife

Physician

(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 mother)

(27) Filed 7/31 1915(28) Dr. R. H. Hatherly

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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