

## (1) PLACE OF BIRTH

County of Marion  
 Township of Reeves  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

4984

Registration District No. 3705 Registered No. 3  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Evander Wayne Baker 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-2-22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Baker  
 (9) PRESENT POSTOFFICE OF FATHER Nichols S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE Marion Co.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Retha Small  
 (15) PRESENT POSTOFFICE OF MOTHER Nichols S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE Marion Co.  
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(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 alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hester Brown  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nichols S.C.

Given name added from a supplemental report

(26) Witness M. E. Lammert  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-10-22 (28) M. E. Lammert 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.