

* By Court Order dtd: 7-19-78 * James David Baskin

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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
 County of Kershaw
 Township of Galien
 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

Registration District No. 2704 Registered No.
 (For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Charlie Facesson (If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only
1683

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 9, 1972</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Facesson</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Baskin</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Lugoff sb.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lugoff sb.</u>			
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)	
(12) BIRTHPLACE <u>South Carolina</u>	(18) BIRTHPLACE <u>South Carolina</u>			
(13) OCCUPATION <u>Public work</u>	(19) OCCUPATION <u>Farmer</u>			
(20) Number of children born to mother, including present birth <u>two</u>	(21) Number of children of this mother now living, including present birth <u>two</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 201 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Anderson
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife

Given affid. added from a supplemental report

Witness Hannah Anderson
 (Signature of Witness necessary only when question 23 is signed by mark)

M. B. Woodward, M.D.
 7/7/41 1972 Registrar (27) Filed Jan 30, 1972 (28) James D. Baskin 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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