

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

MARGIN RESERVED FOR BINDING.

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.

OFFICE OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 1683
County of <u>Kershaw</u> Township of <u>Palmer</u> 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.)		Registration District No. <u>2704</u> Registered No. (For use of Local Registrar)		St.; Ward)
(2) Full Name of Child <u>Charlie Facesson</u> (If child is not yet named, make supplemental report as directed)				
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 9, 1942</u>
To be answered only in event of Twins or Triplets				
FATHER. (8) FULL NAME <u>Charlie Facesson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Lugoff S.C.</u> (10) COLOR OR RACE <u>colored</u> (11) AGE AT LAST BIRTHDAY <u>34</u> (Years) (12) BIRTHPLACE <u>South Carolina</u> (13) OCCUPATION <u>Public Work</u> (20) Number of children born to mother, including present birth <u>two</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Hattie Baskin</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Lugoff S.C.</u> (16) COLOR OR RACE <u>colored</u> (17) AGE AT LAST BIRTHDAY <u>36</u> (Years) (18) BIRTHPLACE <u>South Carolina</u> (19) OCCUPATION <u>Farmer</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 <u>born</u> at <u>2:00</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Rebecca Anderson</u> (24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>affid.</u> Given name added from a supplemental report <u>M. B. Woodward M.D.</u> <u>7/7/41</u> 19 <u>41</u> Registrar Witness <u>Hannah Anderson</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Jan 30</u> 19 <u>42</u> (28) <u>Thos. H. E. Gushy</u> 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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