

(1) PLACE OF BIRTH

County of MarionTownship of Pleasant

OF

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

7822

Registration District No. Registered No.

(For use of Local Registrar)

(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 Franklin Earl Baker 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>Feb. 13, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Earl Baker</u>	(14) NAME BEFORE MARRIAGE <u>Lucy J. Baker</u>		

(9) PRESENT POSTOFFICE OF FATHER <u>McCluskey</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>McCluskey</u>
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(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>1</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>12</u> (Year)
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(12) BIRTHPLACE <u>Marion Co</u>	(18) BIRTHPLACE <u>Marion Co</u>
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(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 A.M. on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(23) (Signature) C. F. Bueckner(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife M. D. ...

(Given name added from a supplemental report)

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

(27) Filed Feb 17, 1923 (28) M. D. ... 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.