

N. H.—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.  
 McCaw, of Columbia

(1) PLACE OF BIRTH  
 County of Clarendon  
 Township of .....  
 or  
 Inc. Town of Manning  
 or  
 City of ..... (No. ....)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**59374**

Registration District No. 1307 Registered No. 33  
 (For use of Local Registrar)  
 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 Purdy Baxter } If 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 April 6 1916  
In be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Willie Elliott Baxter  
 (9) PRESENT POSTOFFICE OF FATHER Manning S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 34 (Years)  
 (12) BIRTHPLACE Clarendon Co.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth Four

**MOTHER.**

(14) NAME BEFORE MARRIAGE Leila Graham  
 (15) PRESENT POSTOFFICE OF MOTHER Manning S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)  
 (18) BIRTHPLACE Clarendon Co.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. W. Barber, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Manning, S.C.

Given name added from a supplemental report  
 ....., 191....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 30 1916 (28) A. L. Todd 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.