

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

(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

5879

County of *Anderson*Township of *Savannah*

Inc. Town of

City of

Registration District No. *311*Registered No. *24*

(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 *John Langston Baines*

(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet To be marked only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Feb 8, 23</i> (Name of Month) (Day) (Year)
------------------------------	---	-----------------------------	---------------------------------------	--

FATHER.		MOTHER.	
8) FULL NAME <i>W. L. Baines</i>	14) NAME BEFORE MARRIAGE <i>Charles Earl</i>	9) PRESENT POSTOFFICE OF FATHER <i>Starr S.C.</i>	15) PRESENT POSTOFFICE OF MOTHER <i>Starr S.C.</i>
10) COLOR OR RACE <i>A.C.</i>	11) AGE AT LAST BIRTHDAY <i>43</i>	16) COLOR OR RACE <i>A.C.</i>	17) AGE AT LAST BIRTHDAY <i>38</i>
12) BIRTHPLACE <i>A.C.</i>	13) OCCUPATION <i>Farmer</i>	18) BIRTHPLACE <i>A.C.</i>	19) OCCUPATION <i>Housewife</i>
20) Number of children born to mother, including present birth <i>1</i>	21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *John B. Baines* at *Starr S.C.* on the date above stated. (Born alive or stillborn) (Sex A. M. or P. M.)(23) (Signature) *W. L. Baines*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *April 23, 1923* (28) *Starr S.C.*

*When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.

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 2.

Bureau of Statistics, Columbia, S. C.