

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
Township of Edistoor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50089

Registration District No. 3603aRegistered No. 5

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Clarence E. Richard Baltzgar If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 29 1906

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clarence B. Baltzgar

(9) PRESENT POSTOFFICE OF FATHER

Hope S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Jessie May Vallentine

(15) PRESENT POSTOFFICE OF MOTHER

Hope S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife

(22) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

Margaret X. Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCope S.C.

Given name added from a supplemental report

(26) Witness

M. K. Alley

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

(27) Filed

Feb 10 1906

(28)

M. K. Alley

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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PRELIMINARY BLANK FOR EACH CHILD, AND WHEN USED IN CASES OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ANSWER THE QUESTIONS REVERSED FOR TWINS OR TRIPLETS.

McCAW of Columbia