

(1) PLACE OF BIRTH

County of FlorenceTownship of Lee

Inc. Town of

City of

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

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

File No.—For State Registrar Only

3853

Registration District No. 2028 Registered No. 1
 (For use of Local Registrar)(2) Full Name of Child Carol M.S. Baldwin If child is not yet named, make supplemental report as directed
 (3) Sex of Child Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 30 23
 (Name of Month) (Day) (Year)

FATHER.

 (8) FULL NAME John Kelly Baldwin
 (9) PRESENT POSTOFFICE OF FATHER Lake City, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37
 (Years)
 (12) BIRTHPLACE Florence, S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.

 (14) NAME BEFORE MARRIAGE Cecil Clara Matthe
 (15) PRESENT POSTOFFICE OF MOTHER Lake City #1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Florence, S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE(21) I hereby certify that I attended the birth of this child, who was alive at 7:15 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. C. Foster (23) State whether Physician or Midwife (24) Address of Physician or Midwife Lake City, S.C.

Given name added from a supplemental report

Gene 11 191.23
Gene Fairley

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed 2/16 23 (27) 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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