

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of (No. St. Ward)

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

File No.—For State Registrar Only
13703

Registration District No. 400 Registered No. 78
 (For use of Local Registrar)

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

(2) Full Name of Child Laura Frances Baskin If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5/30 1922
 (Name Month Day Year)

FATHER		MOTHER	
(8) FULL NAME <u>Lina B. T. Baskin</u>	(14) NAME BEFORE MARRIAGE <u>Marcine Ray</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Denmark, S. C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>DENMARK, S. C.</u>
(9) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(18) COLOR OR RACE <u>White</u>	(19) AGE AT LAST BIRTHDAY <u>29</u> (Year)
(10) BIRTHPLACE <u>Barren</u>	(20) OCCUPATION <u>Barren</u>	(18) BIRTHPLACE <u>DENMARK</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was at 12 P. M. on the date above stated: (Born alive or stillborn) (Hour A. M. or P. M.)

(24) Signature of Physician or Midwife J. J. McCall (25) Address of Physician or Midwife DENMARK, S. C.

Given name added from a supplemental report John J. McCall (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John J. McCall
 (27) Filed 5/30 (28) Local Registrar John J. McCall

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.