

(1) PLACE OF BIRTH

County of SumterTownship of Sumter

or

Inc. Town of

or

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

92028

Registration District No. 4108 Registered No. 157190

(For use of Local Registrar)

(2) Full Name of Child Rebecca Cornelia Baker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 18, 1916</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME McNewel Baker(9) PRESENT POSTOFFICE OF FATHER Sumter S.C. R.F.D. #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE Sumter Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Emma R Baker(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C. R.F.D. #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Sumter Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Burgess M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report

(26) Witness

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

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Registrar

(27) Filed Dec 2, 1916 (28) W. H. Burgess 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.