

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and question 5.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
Township of Lower
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
20030

Registration District No. 3803 Registered No. 141
(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 Robert Charles Baker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Daniel
(9) PRESENT POSTOFFICE OF FATHER Lead
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE W.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 13

MOTHER.
(14) NAME BEFORE MARRIAGE Elizabeth Jackson
(15) PRESENT POSTOFFICE OF MOTHER Lead
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Jackson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lead

Given name added from a supplemental report
.....
....., 19.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/7/22 19..... (28) Mrs. J. R. Jackson 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.