

(1) PLACE OF BIRTH

County of VolusiaTownship of Orlandoor
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

18272

Registration District No. 1402 Registered No.
(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 Mertha Baker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? 2 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 29, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lipio Baker(9) PRESENT POSTOFFICE OF FATHER W. H. Hall(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Vol - So - Fla.(13) OCCUPATION R. Laborer(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Brown(15) PRESENT POSTOFFICE OF MOTHER W. H. Hall(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Vol - So - Fla.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linda Graham(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. H. Hall

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 30, 1922 (28) B. G. H. H. H.
Registrar 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.