

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Sullivan's IslandInc. 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

45675

Registration District No. 912Registered No. 3

(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 Addie Baker

{ If child is not yet named, make supplemental report as directed

(3) BOY OR
GIRL? Girl(4) Twin
or Triplet?(5) Number in
order of birth(6) Are not
Parents
Married?(7) DATE OF
BIRTH Jan 27 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Halter Baker(9) PRESENT
POSTOFFICE
OF FATHER Moultrieville SC(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 26
(Years)

(12) BIRTHPLACE

New York City

(13) OCCUPATION

Sailor(20) Number of children born to
mother, including present birth 3(14) NAME BEFORE
MARRIAGE Mathie Potter(15) PRESENT
POSTOFFICE
OF MOTHER Moultrieville SC(16) COLOR
OR
RACE negro(17) AGE AT LAST
BIRTHDAY 21
(Years)

(18) BIRTHPLACE

Moultrieville SC

(19) OCCUPATION

Housekeeper(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 6 A.M.
on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Moultrieville SCGiven name added from a supplement-
al report(26) Witness Geo W Roberts
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 29 1916 (28) Geo W Roberts
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Law of Columbia