

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Sullivan's Islandor
Inc. Town ofor
City of(No.) Registration District No. 912 Registered No. 3
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45675

(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)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME

Walter 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

MOTHER.

(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 alive 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 SC

Given name added from a supplemental 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