

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

File No.—For State Registrar Only  
**70982**

(1) PLACE OF BIRTH

County of *M<sup>c</sup>Connick*

Township of *Bordeaux*

or  
Inc. Town of *M<sup>c</sup>Connick*

or  
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *101*

Registered No. *42*

(For use of Local Registrar)

St.; Ward

(2) Full Name of Child *Maquie Edell Bake*

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

(3) BOY OR GIRL? *Girl*

(4) Twin or Triplet? *1*

(5) Number in order of birth *X*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Aug. 8, 1916*  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME *Matthew Bake*

(9) PRESENT POSTOFFICE OF FATHER *M<sup>c</sup>Connick*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *40* (Years)

(12) BIRTHPLACE *Edgely Co. S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *2*

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Mary Eliza Seads*

(15) PRESENT POSTOFFICE OF MOTHER *M<sup>c</sup>Connick*

(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *39* (Years)

(18) BIRTHPLACE *Edgely Co. S.C.*

(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 *11* *P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. W. Chatham M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *M<sup>c</sup>Connick*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 9 1916* (28) *J. B. Dawson* 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.

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BEN F. WYMAN, M.D.  
STATE HEALTH OFFICER



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