

(1) PLACE OF BIRTH

County of Charleston, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41342

2006

Township of

or

Inc. Town of

or

City of Charleston, S.C.

Registration District No.

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No Mercy Maternity Hospital St.: Ward:

(2) Full Name of Child Ernest Cornish Baynard Jr.

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of Twin or Triplet</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>December 27th</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

MOTHER.

(8) FULL NAME Ernest Cornish Baynard Jr.

(9) PRESENT POSTOFFICE OF FATHER 2 1/2 Atlantic St. Charleston, S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE Charleston, S.C.

(13) OCCUPATION Physician (M.D.)

(14) Number of children born to mother, including present birth { 2

(14) NAME BEFORE MARRIAGE Emily Whaley

(15) PRESENT POSTOFFICE OF MOTHER 2 1/2 Atlantic St. Charleston, S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Hartford, Conn.

(19) OCCUPATION Wife.

(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 10:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. L. Green

(24) State whether Physician or Midwife Obstetrician (25) Address of Physician or Midwife 277 Calhoun St.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness) John Green

(27) Filed 1/5 191

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.