

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of # 3

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38423

Registration District No. 2102 Registered No. 49
(For use of Local Registrar)(No. Taylor St.; Ward)(2) Full Name of Child Miss Mary Parker

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 Parents Married? No

(7) DATE OF BIRTH

July 22, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Baker(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE W.C.(11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Labourer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Grant(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE W.C.(17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:30 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 13, 1922(28) W. H. H. H.

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD.
In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.