

(1) PLACE OF BIRTH

County of CharlestonTownship of Mt. Croghan

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

35350

Registration District No. 1205Registered No. 83

(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 Fay Lee Roy Baskin(3) SEX OR GENDER Boy (4) Type or Triplet Single (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 13 1922

FATHER.				MOTHER.			
(8) FULL NAME	<u>T. L. Smith</u>			(14) NAME BEFORE MARRIAGE	<u>Hellie Melton</u>		
(9) PRESENT RESIDENCE OF FATHER	<u>Mt Croghan S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER	<u>Mt Croghan S.C.</u>		
(10) COLOR OR RACE	<u>white</u>	(16) AGE AT LAST BIRTHDAY	<u>31</u>	(16) COLOR OR RACE	<u>white</u>	(17) AGE AT LAST BIRTHDAY	<u>20</u>
(12) BIRTHPLACE	<u>S.C.</u>			(18) BIRTHPLACE	<u>S.C.</u>		
(13) OCCUPATION	<u>Farming</u>			(19) OCCUPATION	<u>House work</u>		
(20) Number of children born to mother, including present birth	<u>13</u>			(21) Number of children of this mother now living, including present birth	<u>13</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (23) (Signature) L. B. Baskin (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mt Croghan S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed (28) 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.