

(1) PLACE OF BIRTH

County of Lorry
 Township of Bayboro
 OR
 Inc. Town of
 OR
 City of (No. St.; Ward)
 (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

77504

Registration District No. 2570 Registered No. 178
 (For use of Local Registrar)

(2) Full Name of Child Alton Brooke Baker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents yes Married? (7) DATE OF BIRTH Aug, 15, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Gabriel Baker
 (9) PRESENT POSTOFFICE OF FATHER Gabivante Ferry
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)
 (12) BIRTHPLACE A. C. Harry Co
 (13) OCCUPATION farming
 (20) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Martin
 (15) PRESENT POSTOFFICE OF MOTHER Gabivante Ferry
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE A. C. Harry Co
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louisa Johnson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gabivante Ferry

Given name added from a supplemental report

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

(27) Filed Aug 29 1916. (28) J. M. D. Cannon 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 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.
 McCraw, of Columbia.