

Form No. 1

(1) PLACE OF BIRTH

County of Myrtle

Township of Fish Camp

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution give name of ..... St.; ..... Ward)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

92095

Registration District No. 4203

Registered No. 57

(For use of Local Registrar)

(2) Full Name of Child Arnold John Baker

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 28 1914  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Arnold M Baker

(9) PRESENT POSTOFFICE OF FATHER Carlisle

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Militia

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

#### MOTHER.

(14) NAME BEFORE MARRIAGE Esther Mae Jeter

(15) PRESENT POSTOFFICE OF MOTHER Carlisle

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION housewife

(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 Alive at 3:4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. R. Seeger

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed Jan 2 1917 (28) T. H. Jeter 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.

Form No. 1 is one of several self-explanatory forms which are available blank for each child. Form No. 2, etc., in question 5.