

(1) PLACE OF BIRTH

County of *Sumter*Township of *Maddala*or  
Inc. Town of .....

City of .....

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

(2) Full Name of Child *Arthur Baker*File No. — For State Registrar Only  
44773Registration District No. *4402*Registered No. *80*  
(For use of Local Registrar)(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 12* (Year) *1911*FATHER.  
(8) FULL NAME *Gabriel Baker*  
(9) PRESENT POSTOFFICE OF FATHER *Wedgefield*  
(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *65* (Years)  
(12) BIRTHPLACE *OC*  
(13) OCCUPATION *Farmer*MOTHER.  
(14) NAME BEFORE MARRIAGE *Emma Pate*  
(15) PRESENT POSTOFFICE OF MOTHER *Wedgefield*  
(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *40* (Years)  
(18) BIRTHPLACE *OC*  
(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *11* (21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born* at *11:50* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Alvin Jones* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Wedgefield*Given name added from a supplemental report  
....., 1911  
Registrar(26) Witness *M. E. Barber*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Dec 12 1911* (28) *M. E. Barber* 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 2.

McCaw, of Columbia.

McCaw