

Form No. 1.

(1) PLACE OF BIRTH

County of Alcon
 Township of Arley, Grov
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

36961

Registration District No. 209 Registered No. 58
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Jane Baker (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 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dan Baker
 (9) PRESENT POSTOFFICE OF FATHER Wagener, S. R. A. F. D.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 32
 (Year)
 (12) BIRTHPLACE S. R.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Woodward
 (15) PRESENT POSTOFFICE OF MOTHER Wagener, S. R. A. F. D.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25
 (Year)
 (18) BIRTHPLACE S. R.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M., on the date above stated. (When alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amie X. Jones (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perry, S. R.

Given name added from a supplemental report

(26) Witness Char. H. Sallee (Signature of Witness necessary only when question 23 is signed by mark) ✓

(27) Filed 12/29/22 (28) Char. H. Sallee 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.

MADE BY COLUMBIA, COLUMBIA, S. C.