

FORM NO. 3 MARGIN RESERVED FOR FILING.

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.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
84619

(1) PLACE OF BIRTH
 County of Charleston
 Township of _____
 or
 Inc. Town of _____ Registration District No. 9A Registered No. 1276
 or
 City of Charleston (No. 10 Southcross 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 Frederick Rutledge Baker, Jr If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 3, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick Rutledge Baker
 (9) PRESENT POSTOFFICE OF FATHER Durham, N.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)
 (12) BIRTHPLACE McClintockville, S.C.
 (13) OCCUPATION Clark
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Louie Hagghurst Widdleton
 (15) PRESENT POSTOFFICE OF MOTHER Durham
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Charleston
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3 30 P.

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston

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 11/6/16 (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.