

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

CORRECTED

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE NO.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA		84650	
Township of _____		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of _____		Registration District No. <u>9. A.</u>		Registered No. <u>1280</u>	
or		(No. <u>281</u> Coming St.;		(For use of Local Registrar)	
City of <u>Charleston.</u>		(If birth occurs in a hospital or other institution, give name of same instead of street and number)		<u>Ward</u>	
2. FULL NAME OF CHILD		JOHN THOMAS BAKER:			
3 Boy or Girl <u>Boy</u>		4. Twin, triplet, or other _____		5. Premature _____	
If Plural births _____		5. Number, in order of birth _____		Full term _____	
6. Legiti- _____		7. Legiti- _____		8. Date of birth <u>Nov. 12, 1916.</u>	
9. Full name		FATHER		(Month, day, year)	
Thos. F. Baker.		18. Full maiden name		MOTHER	
10. Residence (usual place of abode)		Mary F. Hogan			
(If nonresident, give place and State) <u>Charleston, S.C.</u>		19. Residence (usual place of abode)		<u>Chas. S.C.</u>	
(If non-resident, give place and State)		20. Color or race <u>White</u>		21. Age at last birthday <u>35</u> (Years)	
11. Color or race <u>White</u>		12. Age at last birthday <u>42</u> (Years)		22. Birthplace (city or place) <u>Charleston, S.C.</u>	
13. Birthplace (city or place) <u>Charleston, S.C.</u>		(State or country)		(State or country)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Plumber</u>		OCCUPATION		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife.</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		OCCUPATION		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		25. Date (month and year) last engaged in this work _____, 19____	
26. Total time (years) spent in this work _____		27. Number of children of this mother (At time of this birth and including this child) <u>3</u>		(a) Born alive and now living <u>3</u> (b) Born alive but now dead _____ (c) Stillborn _____	
28. If stillborn, period of gestation _____ { months weeks _____		29. Cause of stillbirth _____		Before labor _____	
				During labor _____	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>12 AM</u> on the date above stated.					
(Signed) _____ (Born alive or stillborn)					
or _____ Physician _____, Midwife _____					
Address <u>#81 Wentworth St. Chas. S.C.</u>					
Filed <u>11/19</u> 19 <u>16</u> <u>Wentworth St. Chas. S.C.</u>					
GIVE NAME ADDED FROM A SUPPLEMENTAL REPORT _____ (Date of) _____					
Registrar. _____					
REGISTRAR					

No report is desired of stillbirths before the month of pregnancy.

Registrar.

Filed

10/24/16

## PLACE OF BIRTH

City of Charleston

Wardship of \_\_\_\_\_

or \_\_\_\_\_

Town of \_\_\_\_\_

or Charleston

of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

84650

Registration District No. 9-aRegistered No. 1280

(For use of Local Registrar)

(No. 281 Coming St.; \_\_\_\_\_ Ward)

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

FULL NAME OF CHILD Thomas F. Baker, Jr.

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

SEX OR  
GIRLBoy4. Twin  
or Triplet

To be registered only in event of Twins or Triplets

5. Number in order  
of birth6. Are  
Parents  
Married? Yes

7. DATE OF BIRTH

Nov. 12, 1916  
(Name of Month) (Day) (Year)FATHER  
FULL  
NAMEThos. F. BakerPRESENT  
POSTOFFICE  
OF FATHERCharleston, S.C.COLOR  
OR  
RACEWhite11. AGE AT LAST  
BIRTHDAY 42  
(Years)

BIRTHPLACE

Charleston, S.C.

OCCUPATION

PlanerNumber of children born  
mother, including present birth { 3

MOTHER

14. NAME BEFORE  
MARRIAGEMary F. Hogan15. PRESENT  
POSTOFFICE  
OF MOTHERCharleston S.C.16. COLOR  
OR  
RACEWhite17. AGE AT LAST  
BIRTHDAY 35  
(Years)

18. BIRTHPLACE

Charleston, S.C.

19. OCCUPATION

Housewife21. Number of children of this mother {  
now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 11 a M.,  
on the date above cited. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature J. N. Rhame, M.D.

24. State whether Physician or Midwife

Physician

25. Address of Physician or Midwife

81 Wentworth St.

26. Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)27. Filed 11/1919 16

28.

J. Mercer Green  
Local Registrar M.D.

Given name added from supplemental report

\_\_\_\_\_, 193\_\_\_\_

Registrar.

Physician or midwife, then the father, householder, etc., should make this return.  
must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Registrar.

Filed

reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

On 10/24/16

N.B.—In the case of TWINS or TRIPLETS, the SEPARATE PLANS FOR EACH CHILD must be filled out, and the SEPARATE PLANS FOR EACH CHILD must be filled out, and the SEPARATE PLANS FOR EACH CHILD must be filled out.

Certificate of Baptism



Diocese of Charleston, S. C., U. S. A.

I, the undersigned, this day Jan 14, 1917 A. D. 1934, Baptized

John Thomas Baker

Born, When? ~~Dec~~ Nov 12 1916 Where? Charleston S.C.

Father's Name Thos F. Baker

Mother's Maiden Name Mary F. Hogan

Residence Charleston S.C.

Sponsors John J. Miller & Mary Miller

Officiating Minister M. J. Reddin

Parish St Patrick's

Place Charleston, S.C.

This is a true  
Copy  
Rev. C. C. Vincent

NO report to desired of stillbirths before the  
of pregnancy  
should make this return if

Registrar

Filed  
On 10/24/18