

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

CORRECTED

1. PLACE OF BIRTH

County of Charleston
Township of _____
or
Inc. Town of _____
or
City of Charleston

Standard 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. A. Registered No. 1280
(No. 281 Uoming St.; _____
(For use of Local Registrar) _____
Ward _____

2. FULL NAME OF CHILD JOHN THOMAS BAKER:
(If birth occurs in a hospital or other institution, give name of same instead of street and number)
If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____
4. Twin, triplet, or other _____
5. Premature _____
6. Legitimate? Yes
7. Date of birth Nov. 12, 1916
(Month, day, year)

9. Full name of FATHER Thos. F. Baker.
18. Full maiden name of MOTHER Mary F. Hogan

10. Residence (usual place of abode) Charleston, S.C.
(If nonresident, give place and State)
19. Residence (usual place of abode) Chas. S.C.
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 42 (Years)
20. Color or race White 21. Age at last birthday 35 (Years)

13. Birthplace (city or place) Charleston, S.C.
(State or country)
22. Birthplace (city or place) Charleston, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
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) 3
(a) Born alive and now living 3 (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 born alive at 12 AM on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return. }

(Signed) [Signature] M. D.
or _____ Physician _____ Midwife
Address #81 Wentworth St. Chas. S.C.

Give name added from a supplemental report _____
(Date of) _____

Filed 11/19 1916
CON. James, 1934 Walter Dean
REGISTRAR

REGISTRAR
No report is desired of stillbirths before the _____
month of pregnancy.
Filed 10/24/16
REGISTRAR

PLACE OF BIRTH

City of *Charleston*

CERTIFICATE OF BIRTH

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

FILE No.—For State Registrar Only

84650

Relationship of _____

or Town of _____

of *Charleston*

Registration District No. *9-a*

Registered 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 RACE *Boy*

4. Twin or Triplet To be registered only in event of Twins or Triplets

5. Number in order of birth

6. Are Parents Married? *Yes*

7. DATE OF BIRTH *Nov. 12 1916*
(Name of Month) (Day) (Year)

FATHER FULL NAME *Thos. F. Baker*

PRESENT POSTOFFICE OF FATHER *Charleston, S.C.*

COLOR OR RACE *White*

BIRTHPLACE *Charleston, S.C.*

OCCUPATION *Planer*

Number of children born mother, including present birth { *3*

MOTHER 14. NAME BEFORE MARRIAGE *Mary F. Hogan*

15. PRESENT POSTOFFICE OF MOTHER *Charleston S.C.*

16. COLOR OR RACE *White*

17. AGE AT LAST BIRTHDAY *35* (Years)

18. BIRTHPLACE *Charleston, S.C.*

19. OCCUPATION *Housewife*

21. 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 stated. (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 *11/19 1916* 28. *J. Mercer Green* Local Registrar *M.D.*

Given name added from supplemental report _____, 193_____

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.

(Date of report as stillborn, when householder, etc., should make this return before the fifth month of pregnancy.)
Filed *Nov 24/16*
Registrar.

N.B.—In the case of TWINS or TRIPLETS, USE SEPARATE BLANKS FOR EACH CHILD. FIRST-BORN, No. 1, AND OTHER, No. 2, etc., IN ORDER OF BIRTH.

SOUTH CAROLINA

Registrar

Ward

make checked

6

cc

JK

cc

M. P. M.)

Midwife

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Registrar

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