

Form No. 1

(1) PLACE OF BIRTH

County of *Harris*Township of *Harris*

Inc. Town of

City of *South Carolina*

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8751

Registration District No. *1601*Registered No. *9*

(For use of Local Registrar)

St. *23* Ward(2) Full Name of Child *Julia Anne Baird*

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

(6) Are Parents Married? *no*

(7) DATE OF BIRTH

Feb 12 1933

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *A B Baird*(14) NAME BEFORE MARRIAGE *Mary McEachern*(9) PRESENT POSTOFFICE OF FATHER *Harris SC*(15) PRESENT POSTOFFICE OF MOTHER *Harris SC*(10) COLOR OR RACE *caucasian*(11) AGE AT LAST BIRTHDAY *31*(16) COLOR OR RACE *caucasian*(17) AGE AT LAST BIRTHDAY *20*(12) BIRTHPLACE *Harris SC*(18) BIRTHPLACE *Harris SC*(13) OCCUPATION *Domestic*(19) OCCUPATION *Laundress*(20) Number of children born to mother, including present birth *13*(21) Number of children of this mother now living, including present birth *13*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Francis Baker* at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Francis Baker*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Harris SC*

Given name added from a supplemental report

Francis Baker(26) Witness *Sirius McEachern*

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *23*(28) *W. H. Campbell*

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH EXPANDING INK—THIS IS A PERMANENT RECORD. R. 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. Bureau of Columbia, Columbia, S. C.