

## (1) PLACE OF BIRTH

County of *Williamburg*Township of *Hope*

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4301*

File No. — For State Registrar Only

30465

Registered No. *103*  
(For use of Local Registrar)(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 *James Caldwell Baker* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <i>Sept - 10 1923</i>
FATHER.			MOTHER.	
(8) FULL NAME <i>James Edgar Baker</i>			(14) NAME BEFORE MARRIAGE <i>Jannie Lisdale</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Sallies S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Sallies S.C.</i>	
(10) COLOR OR RACE <i>white</i>			(17) AGE AT LAST BIRTHDAY <i>36</i> (Years)	
(11) AGE AT LAST BIRTHDAY <i>41</i> (Years)			(18) BIRTHPLACE <i>S.C.</i>	
(12) BIRTHPLACE <i>S.C.</i>			(19) OCCUPATION <i>Housewife</i>	
(13) OCCUPATION <i>Farmer</i>			(21) Number of children of this mother now living, including present birth <i>6</i>	
(20) Number of children born to mother, including present birth <i>6</i>				

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Ann McMill*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Sallies S.C.*

Given name added from a supplemental report

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

(27) Filed *Sept-20-1923* (28) *J. A. Blackwell* 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.