

(1) PLACE OF BIRTH

County of Sumter

Township of

or
Inc. Town ofor
City of Sumter

(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

88593

Registration District No. 41ARegistered No. 193

(For use of Local Registrar)

(No. 6 Kendrick St.; 4 Ward)

(2) Full Name of Child

William Adey Baker

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 28, 1916</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Geo. O. Baker Jr</u>			(14) NAME BEFORE MARRIAGE <u>Daisy B. Cop</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter SC</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Charleston SC</u>			(18) BIRTHPLACE <u>Hampton SC</u>	
(13) OCCUPATION <u>Gas Fitter</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sadie Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sumter SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct 20, 1916 (28) N. J. McKay

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.

MARGIN RESERVED FOR BINDING.

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.