

(1) PLACE OF BIRTH

County of FlorenceTownship of Mathisor
Inc. Town ofor
City of

(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

No. 40326

40326

Registration District No. 2012 Registered No. 108
(For use of Local Registrar)(2) Full Name of Child Lawrence Baker If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER <u>Boy</u>	(4) Type or Figure <u>2d</u>	(5) Number in order of birth <u>1st</u>	(6) DATE OF BIRTH <u>Dec 14 25</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Assley Baker(9) PRESENT POSTOFFICE OF FATHER Dward SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE SC(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Hennock Cook(16) PRESENT POSTOFFICE OF MOTHER Dward SC(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 31
(Years)(19) BIRTHPLACE SC(20) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) L. Kelly

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Volanta SC

(Given name added from a supplemental report)

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

(27) Signed 1/5 at 24 (28) 1/5 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.

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