

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 FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Smith
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. 4-107

File No.—For State Registrar Only
32475

Registered No. 81
(For use of Local Registrar)

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

(2) Full Name of Child Laurance W. Baker

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

(3) BOY OR GIRL Boy (4) Twin or Triplet — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 14, 1912
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Timothy Baker
(9) PRESENT POSTOFFICE OF FATHER Lynchburg, Va
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44 1/2 (Year)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Margret Baker
(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, Va
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Year)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mathie Wilson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clanta, Va

Given name added from a supplemental report
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..... 19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed as male)
(27) Filed 9-23-1912 (28) S. B. McElver 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.