

1. PLACE OF BIRTH

County of Florence

Township of Lake City

No. of

Is this child a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

File No.—For State Registrar Only

13556

Registration District No. 20-13 Registered No. 16
(For use of Local Registrar)

(No. St. Ward)

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

(5) Number in order of birth 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 31 22
(Name of Month) (Day) (Year)

FATHER

Oscar Shotton Baldwin

Lake City

White AGE AT LAST BIRTHDAY 37
(Years)

Florence Co

Magistrate

4

MOTHER

(14) NAME BEFORE MARRIAGE Annie Lannie McCall

(15) PRESENT POSTOFFICE OF MOTHER Lake City

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35
(Years)

(18) BIRTHPLACE Clover S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I, Alma , at 11-10 P M.,
on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. L. Foster M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Lake City

Given name added from a supplemental report

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

(27) Filed 6/13/22 (28) R. L. Leavitt Local Registrar

If a attending physician or midwife, then the father, householder, etc., should make this return. If not, then once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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.