

(1) PLACE OF BIRTH

County of MarlboroTownship of Red Bluffor
Inc. Town of.....or
City of.....

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

(2) Full Name of Child Alexander Baldwin (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 11, 1922 (Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Jessie Baldwin
(9) PRESENT POSTOFFICE OF FATHER Tatum & C
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Year)
(12) BIRTHPLACE Marlboro Co & C
(13) OCCUPATION Farming
(14) Number of children born to mother, including present birth 3MOTHER.
(14) NAME BEFORE MARRIAGE Kathie Leggett
(15) PRESENT POSTOFFICE OF MOTHER Tatum & C
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)
(18) BIRTHPLACE Marlboro Co & C
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 3CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Hattie Thomas (24) Address of Physician or Midwife M & C Co
(25) State whether Physician or Midwife MidwifeGiven name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Filed Oct 20 1922 (28) H. H. Neathely 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 1a.—For State Registrar Only
33224Registration District No. 3305 Registered No. 170
(For use of Local Registrar)

(No. St. Ward)

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