

(1) PLACE OF BIRTH

County of Richland.....

Township of

or
Inc. Town ofCity of Columbia.....

(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

2303

Registration District No. 789 Registered No. 4.....
(For use of Local Registrar)(2) Full Name of Child Benjamin Nerrum Baggott If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Nerrum Baggott(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33.....
(Years)(12) BIRTHPLACE Aiken Co.(13) OCCUPATION Physician(20) Number of children born to mother, including present birth one.....

MOTHER.

(14) NAME BEFORE MARRIAGE Marian Swindler(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25.....
(Years)(18) BIRTHPLACE Columbia, S.C.(19) OCCUPATION Nurse wife(21) Number of children of this mother now living, including present birth one.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive..... at 1 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. W. Baggott

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1-19..... 19 22 (28) Thos. W. Baggott.....
Registrar 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.