

Form No. 1

(1) PLACE OF BIRTH

County of Corry
 Township of Irish
 or
 Inc. Town of
 or
 City of

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

File No. - For State Registrar Only
15463

Registration District No. 3619 Registered No. 22
 (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 Anna Maria Baxter If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 28, 20
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Baxter
 (9) PRESENT POSTOFFICE OF FATHER Irish
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35
 (Year)
 (12) BIRTHPLACE Irish Co SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Anna James
 (15) PRESENT POSTOFFICE OF MOTHER Irish
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30
 (Year)
 (18) BIRTHPLACE Irish Co SC
 (19) OCCUPATION Widow
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... alive at 10 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. K. R. R.(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Irish

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-5 19 23 (28) W. H. R. R. 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.