

(1) PLACE OF BIRTH

County of

Charleston

Township of

St. George

or

Inc. Town of

or

City of

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

Registration District No.

909

Registered No.

26

(For use of Local Registrar)

(No. *17 Silver Hill* St.)

(Ward)

(2) Full Name of Child

Marie Baker

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

(3) SEX OR
CHILD*Girl*(4) Twin
or Triplet(5) Number in
order of birth(6) Age
in years*year*(7) DATE OF
BIRTH*Feb. 16, 1923*
(Name of Month) (Day) (Year)(8) FULL
NAME*FATHER Walter Baker*(9) PRESENT
RESIDENCE
OF FATHER*Myers S. C.*(10) COLOR
OR
RACE*Col.*(11) AGE AT LAST
BIRTHDAY*26*
(Year)

(12) BIRTHPLACE

Charleston Co.

(13) OCCUPATION

Common Laborer

MOTHER

(14) NAME BEFORE
MARRIAGE*Marie Waite*(15) PRESENT
RESIDENCE
OF MOTHER*Myers S. C.*(16) COLOR
OR
RACE*Col.*(17) AGE AT LAST
BIRTHDAY*18*
(Year)

(18) BIRTHPLACE

St. George S. C.

(19) OCCUPATION

Housework(20) Number of children born to
mother, including present birth*1*(21) Number of children of this mother
now living, including present birth*1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *5 P. M.* on the date above stated. (Hour "A. M. or P. M.")

(23) (Signature)

Martha Baker

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed "No")

(27) Filed

Feb. 26, 1923

(28)

G. F. Myers
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.

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FIRST-BOOK, No. 1. THE OTHER, No. 2, etc., in question 1.