

Form No. 1

(1) PLACE OF BIRTH

County of LeeTownship of West Leeor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

21737

Registration District No. Registered No. 85-

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Theo. Baker

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 event of Twin or Triplet

(5) Number in order of birth

(6) Age Parents Married 20

(7) DATE OF BIRTH

BIRTH July 17 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Duncan Baker

(9) PRESENT POSTOFFICE OF FATHER

Bishopville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Lee Co

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Lessie Atkins

(15) PRESENT POSTOFFICE OF MOTHER

Bishopville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37
(Years)

(18) BIRTHPLACE

Lee Co

(19) OCCUPATION

Housekeeper

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mrs. E. A. Atkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

BishopvilleBishopville

(Given name added from a supplemental report)

(26) Witness

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

(27) Date August 9 1923(28) Newton Chace
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.