

(1) PLACE OF BIRTH

County of OrangeTownship of North

Inc. Town of

City of

(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

Registration District No. 2012 Registered No. 52
(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX OF CHILD Girl (2) Type or Weight 32 (3) Number in order of birth 3d (4) Age 36 (5) DATE OF BIRTH Aug 20, 1928
(Name of Mother) (Day) (Year)

FATHER.

(6) FULL NAME Joe J. Baker(7) PRESENT RESIDENCE OF FATHER Clanta SC.(8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 33
(Year)(10) BIRTHPLACE SC.(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 3

MOTHER.

(13) NAME BEFORE MARRIAGE Nolan Sanders(14) PRESENT RESIDENCE OF MOTHER Clanta SC.(15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 25
(Year)(17) BIRTHPLACE SC.(18) OCCUPATION House wife(19) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 9.4 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) J. D. Keller

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Clanta SC.

Given name added from a supplemental report

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

(25) Filed 8/29 73 (26) J. D. Keller 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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