

## (1) PLACE OF BIRTH

County of Lancaster, S.C., ....

Township of Hills Creek, ....

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

19204

Registration District No. 2804

Registered No. 124  
(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

Baker

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

3 BOY OR GIRL? Boy.

4 Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes.

(7) DATE OF

BIRTH 6/24/22 19...  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME

Geo. W. Baker, Jr.,

9 PRESENT POSTOFFICE OF FATHER

Lancaster, S.C., R\*2.

(10) COLOR OR RACE

White.

(11) AGE AT LAST BIRTHDAY

20.

(12) BIRTHPLACE

Lancaster Co., S.C.

(13) OCCUPATION

Farmer.

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

One.

## MOTHER.

(14) NAME BEFORE MARRIAGE

Sadie Hinson.

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster, S.C. R\*2.

(16) COLOR OR RACE

White.

(17) AGE AT LAST BIRTHDAY

22.

(18) BIRTHPLACE

Lancaster Co., S.C.

(19) OCCUPATION

Housewife &amp; schoolteacher.

(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 4 A.M. at ..... M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician,

Lancaster, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

19

(28)

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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN NO. 1 THE OTHER NO. 2, etc. In question 5

MEDICAL DEPARTMENT, COLUMBIA