

## (1) PLACE OF BIRTH

County of *Sanchez*Township of *Flat Creek*or  
Eas. Town ofor  
City of

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

(2) Full Name of Child *Echert Jackson Bauer* If child is not yet named, make supplemental report as directed

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

File No.—For State Registrar Only  
44644Registration District No. *1503* Registered No. *137*  
(For use of Local Registrar)(No. *137* Ward *137*)

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

(1) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct. 23, 23</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Ray Bauer</i>			(14) NAME BEFORE MARRIAGE <i>Ethel Gardner</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Kershaw S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Kershaw S.C.</i>	
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(16) COLOR OR RACE <i>White</i>		
(12) BIRTHPLACE <i>S.C.</i>		(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)		
(13) OCCUPATION <i>Farmer</i>			(18) BIRTHPLACE <i>S.C.</i>	
(19) OCCUPATION <i>Farmer</i>			(20) OCCUPATION <i>Farmer</i>	
(21) Number of children born to mother, including present birth <i>1</i>			(22) Number of children of this mother now living, including present birth <i>1</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(23) I hereby certify that I attended the birth of this child, who was *born alive* at *7 P.M.*  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(24) (Signature) *J. P. Bauer*  
(25) State whether Physician or Midwife (26) Address of Physician or Midwife  
*M. D. Kershaw S.C.*

Given name added from a supplemental report

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

(28) Filed *Maxie* (29) *J. C. Nelson* 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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