

1611. PLACE OF BIRTH

(1) PLACE OF BIRTH

County of York

Township of Sharon River

or Town of Sharon

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

File No. — For State Registrar Only

2749

Registration District No. 400 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl

(4) Twin or Triplet? —

(5) Number in order of birth 3  
To be answered only in case of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan 5 22  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME E. P. Baker

(9) PRESENT POSTOFFICE OF FATHER Sharon, S.C.

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Carpenter

(14) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME BEFORE MARRIAGE Hellie Sandrum Stegall

(15) PRESENT POSTOFFICE OF MOTHER Sharon, S.C.

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House work

(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles G. Sursum

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Sharon, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Feb 1 1922 (28) W. H. Gentry 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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1611. PLACE OF BIRTH  
1612. FULL NAME OF CHILD  
1613. DATE OF BIRTH  
1614. SEX OF CHILD  
1615. COLOR OR RACE OF CHILD  
1616. AGE AT LAST BIRTHDAY  
1617. BIRTHPLACE  
1618. OCCUPATION  
1619. NUMBER OF CHILDREN BORN TO MOTHER  
1620. NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING  
1621. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
1622. SIGNATURE OF PHYSICIAN OR MIDWIFE  
1623. ADDRESS OF PHYSICIAN OR MIDWIFE  
1624. WITNESS  
1625. FILED  
1626. LOCAL REGISTRAR  
1627. WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE  
1628. 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.