

(1) PLACE OF BIRTH

County of Lancaster
 Township of Little Creek
 OR
 Inc. Town of.....
 OR
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 2804

File No.—For State Registrar Only

43179

Registered No. 216
(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 Margaret Ross Baker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL 4 (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 10 1912
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas E. Baker(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY.....46
(Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ella H. Rollings(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY.....25
(Years)(18) BIRTHPLACE Christfield Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was.....at 1045 PM
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) D. Phair - M. D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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

(27) Date 12 5 2 (28) J. T. Thompson 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.