

(1) PLACE OF BIRTH

County of YorkTownship of York

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 35715Registration District No. 1704 Registered No. 25
(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 Mattie Marie Baxter If child is not yet named, make supplemental report as directed(3) SEX Girl (4) Type Twin (5) Number in order of birth 1 (6) Is child named Yes (7) DATE Feb. 11, 22
(8) (Name of child) Mattie MarieFATHER
(9) NAME Samuel Baxter
(10) PRESENT RESIDENCE Byde S.C.
(11) COLOR Black (12) AGE AT LAST BIRTHDAY 30
(13) BIRTHPLACE South Carolina
(14) OCCUPATION Public Work
(15) Number of children born to mother, including present one 15MOTHER
(16) NAME BEFORE MARRIAGE Eileen Washington
(17) PRESENT RESIDENCE Byde S.C.
(18) COLOR Black (19) AGE AT LAST BIRTHDAY 37
(20) BIRTHPLACE South Carolina
(21) OCCUPATION Housewife
(22) Number of children of this mother now living, including present one 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Betty Mack (25) Address of Physician or Midwife Stargardt
(26) State whether Physician or Midwife midwifeGiven name added from a supplemental report
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19(27) Witness Minnie Thins
(28) (Signature of Witness necessary only when question 23 is signed by mark)
(29) Filed Nov. 25, 22 (30) G. M. Jones

When there was no attending physician or midwife, then the father, householder, etc., should report if a child breathes even once. It must not be reported as stillborn. No report is needed at all before the fifth month of pregnancy.