

(1) PLACE OF BIRTH

County of ... *Charleston*Township of ... *St. C. St. M.*

Inc. Town of

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 *Roma Baxter*

No. 10.—For State Registrar Only

3290

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *909*Registered No. *30*

(For use of Local Registrar)

St.; Ward)

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

(3) SEX OR
CHILD *girl*(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married *yes*(7) DATE OF
BIRTH *Feb 23, 1923*
(Name of Month) (Day) (Year)(8) FATHER'S
NAME *Frank Baxter*(9) PRESENT
POSTOFFICE
OF FATHER *Myers S. 6*(10) COLOR
OR
RACE *col* (11) AGE AT LAST
BIRTHDAY *22*
(Year)(12) BIRTHPLACE *Charleston Co*(13) OCCUPATION *Porter*(14) Number of children born to
mother, including present birth *1*(14) NAME BEFORE
MARRIAGE *Florence Grant*(15) PRESENT
POSTOFFICE
OF MOTHER *Myers S. 6*(16) COLOR
OR
RACE *col* (17) AGE AT LAST
BIRTHDAY *20*
(Year)(18) BIRTHPLACE *Charleston Co.*(19) OCCUPATION *Housework*(20) Number of children of this mother
now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ... *born alive at 8 P.M.*
(Born alive or stillborn) (Hour, P. M. or P. M.)
on the date above stated.(22) (Signature) *Carrie Spencer*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

*R. M. M. 6 Mile*Given name added from a supplement-
tal report

(25) Witness

(Signature of Witness necessary only
when question 23 is signed "yes")(26) Filed *Feb 27, 1923*

(27) 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.

FIRST-BOOK, No. 1. THE OFFICE, No. 2, etc., in question 1.

Medium of Collection, Column 2.