

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Shenandoah

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. 4404

File No. — For State Registrar Only

20527Registered No. 32
(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

Gasi Baker

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH June 18, 22
(Type of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Manuel Baker

(9) PRESENT POSTOFFICE OF FATHER

Rocky Hill SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Ga

(13) OCCUPATION

Cotton Mill Man

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Sophie Pearl Baker

(15) PRESENT POSTOFFICE OF MOTHER

Rocky Hill SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

Cotton Mill Man

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Sadie Roney

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/7/22

(28) 19

22

(29) 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.