

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
76417

(1) PLACE OF BIRTH
County of Charleston
Township of Calway
OR
Inc. Town of Registration District No. 1301 Registered No. 135
OR
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elma Baker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Sept. 14 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alma Baker
(9) PRESENT POSTOFFICE OF FATHER Paville S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25 (Years)
(12) BIRTPPLACE SC
(13) OCCUPATION Tanner
(20) Number of children born to mother, including present birth } two

MOTHER.

(14) NAME BEFORE MARRIAGE Nora Singleton
(15) PRESENT POSTOFFICE OF MOTHER Paville S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
(18) BIRTPPLACE SC
(19) OCCUPATION domestic
(21) Number of children of this mother now living, including present birth } two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 1/2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nora Singleton
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Paville S.C.

Given name added from a supplemental report
My G. Seach 191...
Registrar

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

(27) Filed 9/17 1916 (28) My G. Seach 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.
McCay, of Columbia