

## (1) PLACE OF BIRTH

County of Hampton  
 Township of Purpiss  
 or  
 Inc. Town of .....  
 or  
 City of Vannover, S.C.

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only  
30651

Registration District No. 2402

Registered No. 111  
 (For use of Local Registrar)

(2) Full Name of Child Heavenly Fannie Baker (No. .... St. .... Ward ....)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH 9-4-77  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Joe, C. Sartin Jr  
 (9) PRESENT POSTOFFICE OF FATHER Flamence, S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Year)  
 (12) BIRTHPLACE SE  
 (13) OCCUPATION Rail Road work  
 (20) Number of children born to mother, including present birth two

MOTHER.  
 (14) NAME BEFORE MARRIAGE Elise Martin  
 (15) PRESENT POSTOFFICE OF MOTHER Vannover, S.C.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37 (Year)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION House wife  
 (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 alive at 6 1/2 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State SC (25) Address of Physician or Midwife Vannover, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
 (27) Filed Sept 8 77 (28) Local Registrar [Signature]

\*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.