CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
50821

(1) PLACE OF BIRTH

County of Union

Township of Kings Mt.
or
Inc. Town of Clinton .... Registration District No. 4407 Registered No. 15
(For use of Local Registrar)
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 ..... 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 4

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Thos Baker

(9) PRESENT POSTOFFICE OF FATHER Clinton S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Bethany S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Walker

(15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Clinton S.C.

(19) OCCUPATION Home wife

(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 Alive (Born alive or stillborn) at 11 AM (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) J. W. Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191....

..... Registrar

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

(27) Filed Feb 5 1916. (28) J. E. Brown 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.

WRITE PLAINLY, WITH UNFADING INK. MARGIN RESERVED FOR BINDING.
M. R.—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.

M. R. McCaw, of Columbia.

Registrar I Local Registrar.

McCaw.

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