

File No.—For State Registrar Only

County of *Changelms*

Township of *Providence*

OF

Inc. Town of.....

City of

Registration District No 34/14

Registered No. 67

(For use of Local Registrar)

(No. St.)

(2) Full Name of Child Don H. Baker

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

(3) BOY OR GIRL? *Boy*

(4) **Twin or Triplet?**

(5) Number in order of birth

(U) Are Parents

(7) DATE OF

BIRTH May 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Pelzer

(9) PRESENT POSTOFFICE OF FATHER *Elmore SC*

(10) COLOR OR RACE *Calard* (11) AGE AT LAST BIRTHDAY *21*
(Years)

(12) BIRTHPLACE

13. OCCUPATION Orangeburg Co

Fanner

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

MOTHER.

(14) NAME BEFORE MARRIAGE William Meneer Williams

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

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17
(Years)

(18) BIRTHPLACE
 Cranston, R.I.

(19) OCCUPATION

(21) Number of children of this mother 1

DICTIONARY OF MEMBERS

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was Alive at 11 M.,
on the date above stated. 3 (Born alive or stillborn) (Hour) 11 M. or P.M.

(23) (Signature) William T. Moore

(24) State whether Physician or Midwife	(25) Address of Physic or Midwife
Physician	1111 1/2 N. 1st St. St. Paul, Minn.

Given name added from a supplemental report

George W. Williams

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

(27) Filed May 19 1928 (28) Local Registrar.

midwife, then the father, householder, etc., should make this return. Not be reported as stillborn. No report is desired of stillbirths.

During the fifth month of pregnancy:



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