

(1) PLACE OF BIRTH

County of FairfieldTownship of 5Inc. Town of BucklickCity of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

Registration District No. 1804 Registered No. (For use of Local Registrar)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 Henry James 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 10 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 7 19116 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Baker(9) PRESENT POSTOFFICE OF FATHER Bucklick S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Rape(15) PRESENT POSTOFFICE OF MOTHER Bucklick S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION Farmer's wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:00 A. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Mary Ann Davis(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bucklick S.C.

Given name added from a supplemental report

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Registrar

(26) Witness J. B. Peay (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 25 19116 (28) U. C. Peay 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.