Form 5-6

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.

Bureau of Columbia, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 36325

(1) PLACE OF BIRTH

County of Saluda

Township of #3

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3 Registered No. 52 (For use of Local Registrar)

(2) Full Name of Child Joseph Robert 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 — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct 16 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME James Baker	(14) NAME BEFORE MARRIAGE Annie Robinson
(9) PRESENT POSTOFFICE OF FATHER Saluda S.C. #5	(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C. #5
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)
(12) BIRTHPLACE Saluda co S.C.	(18) BIRTHPLACE Saluda Co S.C.
(13) OCCUPATION Farming	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

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 7 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Minnie Shuford

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Saluda S.C.

Given name added from a supplemental report .....

..... 19 .... Registrar

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

(27) Filed Oct 15 1922 (28) J. Owen Johnson 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.

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