

WRITE IN PENCIL IN THESE SPACES THE NAME OF THE CHILD AND MARK THE DATE OF BIRTH IN THE SPACE PROVIDED THEREFOR. IN THE CASE OF TWINS OR TRIPLETS, IN THE FIRST COLUMN, WRITE THE NAME OF THE FIRST BORN, AND IN THE SECOND COLUMN, WRITE THE NAME OF THE SECOND BORN, AND SO ON.

(1) PLACE OF BIRTH
County of Pickens
Township or Huntsville
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
2271

Registration District No. 37.1 Registered No. 4
(For use of Local Registrar)

(No. 1) Birth occurs in a hospital or other institution give name of same instead of street and number.)
2 Full Name of Child James H. Baker (If child is not yet named, make supplemental report as directed)

OR
1. Sex Boy
2. Age at Birth 1
3. Number in order of birth
4. To be answered only in case of Twins or Triplets
5. Name of Father Mc Duffie Babbie
6. Name of Mother Nessie Parsons
7. Present Postoffice of Mother Pickens #2
8. Color of Child White
9. Age at Last Birthday 49
10. Name of Child at Birth Pickens Co
11. Occupation of Child at Birth Fanner
12. Number of children born to mother, excluding present birth 1

8. Are Parents Married? yes
9. DATE OF BIRTH June 8, 22
10. MOTHER'S NAME BEFORE MARRIAGE Nessie Parsons
11. PRESENT POSTOFFICE OF MOTHER Pickens #2
12. COLOR OR RACE W.
13. AGE AT LAST BIRTHDAY 49
14. BIRTH-PLACE Pickens Co
15. OCCUPATION Wendish
16. Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 1 M., on the date above stated.
(23) (Signature) Elyzabeth Sarito
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Feb. 1, 1922 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.