

(1) PLACE OF BIRTH

County of PulaskiTownship of Georg

Inc. Town of

City of Fasler

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

29762

Registration District No. 37A... Registered No. 122...
(For use of Local Registrar)(2) Full Name of Child Dorothy Lucille Baggett If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Oct 19 23
(Name of Month) (Day) (Year)(8) FULL NAME Leon Baggett FATHER. (9) NAME BEFORE MARRIAGE Lucia Baggett MOTHER.(10) PRESENT POSTOFFICE OF FATHER Georg, S.C. (11) PRESENT POSTOFFICE OF MOTHER Georg, S.C.(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 22 (Year) (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY 21 (Year)(16) BIRTHPLACE Pulaski (17) BIRTHPLACE Pulaski(18) OCCUPATION Teacher (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. W. Allen, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Fasler, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct. 9, 1923 (28) R. F. Hyatt 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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