

## (1) PLACE OF BIRTH

County of Richmond  
 Township of Richmond  
 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

18804

Registration District No. 2209ARegistered No. ....  
(For use of Local Registrar)(No. 11 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

Walter S. Baker

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

3) BOY OR GIRL?

4) Twin or Triplet?

5) Number in order of birth

6) Are Parents Married?

7) DATE OF

BIRTH (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

9) PRESENT POSTOFFICE OF FATHER

10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

12) BIRTHPLACE

13) OCCUPATION

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

## MOTHER.

14) NAME BEFORE MARRIAGE

15) PRESENT POSTOFFICE OF MOTHER

16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

18) BIRTHPLACE

19) OCCUPATION

21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

(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

June 12 1922

(28)

A. W. Mack  
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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