

Form No. 1

## (1) PLACE OF BIRTH

County of *Fairfield*

Township of .....

Inc. Town of *Hillsboro*

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. *19-a*

File No.—For State Registrar Only

17522

Registered No. *24*  
(For use of Local Registrar)(No. .... 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 *Robert Baxter* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL *B*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married *no*(7) DATE OF BIRTH *June 18, 23*  
(Month 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 *Melissa Baxter*(15) PRESENT POSTOFFICE OF MOTHER *Hillsboro St.*(16) COLOR OR RACE *colored*(17) AGE AT LAST BIRTHDAY *19*

(Years)

(18) BIRTHPLACE *Fairfield Co.*(19) OCCUPATION *wash woman*

(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 *alive* at *4* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *James L. Young*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Hillsboro St.*

Given name added from a supplemental report

(26) Witness *Miss Mary Ann Young*

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

(27) Filed *July 10, 23*(28) *J. M. Harney*

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.