

22 049492

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of _____

or

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Registration District No. 38-1

Registered No. _____

(For use of Local Registrar)

FILE No.—For State Registrar Only

02311

Ward _____

2. FULL NAME OF CHILD John Reuben Baldwin

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

3. Boy or Girl

If Plural
births

4. Twin, triplet or other _____

6. Premature _____

7. Are Parents

8. Date of birth _____

(Month, day, year)

1922

Boy

5. Number, in order of birth _____

Full term _____

Married Yes9. Full
name

FATHER

George Baldwin18. Name before
marriage

MOTHER

Agnes Terry

10. Residence (mailing address)

(If non-resident, give place and State) Edgewold, SC

19. Residence (mailing address)

(If non-resident, give place and State) Edgewold, SC11. Color or race White12. Age at child's birth 23 (years)20. Color or race White21. Age at child's birth 19 (years)

13. Birthplace (city or place)

Richland Co.

(State or country)

South Carolina

22. Birthplace (city or place)

Richland County

(State or country)

South Carolina14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Dairyman & Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.House Work15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work

27. Number of children of this mother

(At time of birth and including this child 1 (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn,

period of gestation _____

(months
weeks)

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive 11:00 A. m. on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplementary report _____

(Date of)

(Signed) Agnes Baldwin, Parent
or _____, Guardian

Address _____

Filed 3/16/42, 1942 M. B. Woodward, M.D.
Registrar.

Registrar.