

DATE OF BIRTH

Jan 1
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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. *38033*

Registration District No. *44 B* Registered No. *297*
(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.
Name of Child *Francis Duane* If child is not yet named, make supplemental report as directed

(1) Sex *M* (2) Date of Birth *11-22-23*
(3) To be covered only in event of Twins or Triplets (4) Are Parents Married *Yes*
(5) Name of Month (Day) (Year)

FATHER.
Name *Francis Duane Baker*
Residence *Rose Hill*
Age at last birthday *24*
Occupation *Chickfield Co. 1st*
Club *Club*

MOTHER.
(14) Name before marriage *Paula Wilma Bell*
(15) Present postoffice of mother *Rose Hill*
(16) Color or race *W.* (17) Age at last birthday *23*
(18) Birthplace *Union Co., N.C.*
(19) Occupation *Dom*
(21) Number of children of this mother now living, including present birth *1 1/2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
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.)
(22) (Signature) *Donald*
(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed *12/7/23* (27) Local Registrar

If 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.