CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
6685

(1) PLACE OF BIRTH

County of Calhoun

Township of Amelia
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 828 Registered No. 33
(For use of Local Registrar)

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

(2) Full Name of Child Emma Rebecca Baxter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	March 25, 1922

FATHER

(8) FULL NAME Solomon Baxter

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 15

MOTHER

(14) NAME BEFORE MARRIAGE Eugenia Starks

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Work

(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary X Perkins

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness C. R. Cole
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Apr 8 1922 (28) C. R. Cole
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.

Medical Certificate, No. 1, This Certificate, No. 2, to be filled by Physician or Midwife