

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1 THE OTHER, No. 2, etc. in question 5.

RECEIVED COLUMBIA, COLUMBIA, S. C.

N.

McCAM

(1) PLACE OF BIRTH

County of Greene  
Township of Greene  
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.)

(2) Full Name of Child Forster Sauls Baldwin

File No.—For State Registrar Only

19599

Registration District No. 3504 Registered No. 94  
(For use of Local Registrar)

3. BOY OR GIRL, GIRL (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH June 5, 1922  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Forster Baldwin  
9. PRESENT POSTOFFICE OF FATHER Greene R.F.D.  
10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Years)  
12. BIRTHPLACE Greene  
13. OCCUPATION Farmer  
20. Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Hally  
(15) PRESENT POSTOFFICE OF MOTHER Greene R.F.D.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17  
(Years)  
(18) BIRTHPLACE Greene  
(19) OCCUPATION wife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Hally

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greene S.C.

Given name added from a supplemental report

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

(27) Filed July 19, 1922 (28) E. H. Hally 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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