

(1) PLACE OF BIRTH

County of FranklinTownship of Madison

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

66400

Registration District No. 4103 Registered No. 97
(For use of Local Registrar)

Sl: Ward:

2) Full Name of Child Infant { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 14 1906
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Theodore E. Carriak</u>	(14) NAME BEFORE MARRIAGE <u>Isaac R. Baskin</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Wedgefield S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Wedgefield S.C.</u>
(9) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(18) BIRTHPLACE <u>Lexington Co. S.C.</u>	(19) OCCUPATION <u>Cornet</u>
(10) BIRTHPLACE <u>Lexington Co. S.C.</u>	(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>	
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			
(12) OCCUPATION <u>Methodist Preacher</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 30 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) M. E. Parker(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wedgefield 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 June 16, 1906 (28) M. E. Parker 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.

Fifth month of pregnancy.