

Form No. 1

(1) PLACE OF BIRTH

County of Marshaw
Township of W. 6
OF
Inc. Town of

CERTIFICATE OF BIRTH

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

No. for Daily Register Only
28922

Registration District No. 2700 Registered No. 87
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Emmie Annie Baker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH July 29, 25
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME George Walter Baker
(9) PRESENT POSTOFFICE OF FATHER Marshaw, W. 6
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE Dannie Roberts
(15) PRESENT POSTOFFICE OF MOTHER Marshaw, W. 6
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27
(18) BIRTHPLACE S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M. on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

(23) (Signature) E. A. Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marshaw, 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 Sept 1, 25 (28) D. G. Caskill Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.