

(1) PLACE OF BIRTH

County of York
 Township of Rochester
 or
 Inc. Town of

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

9006

Registration District No. 216 Registered No. 23
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter H. Baughman If child is not yet named, make

(3) SEX Boy (4) Type Full (5) Number in order of birth 1 (6) Date of birth Feb. 23, 1923

FATHER.

(7) Full name Walter Clinton Baughman
 (8) Present postoffice of father Waguer, S.C.
 (9) Color or race White (11) Age at last birthday 25
 (10) Birthplace S.C.
 (12) Occupation Farmer
 (13) Number of children born to mother, including present one 2

MOTHER.

(14) Full name Maggie Pearl Seigler
 (15) Present postoffice of mother Waguer, S.C.
 (16) Color or race White (17) Age at last birthday 19
 (18) Birthplace S.C.
 (19) Occupation Housewife
 (20) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 1:20 P.M. on the date above stated. (Born alive or stillborn) (Day, A. M. or P. M.)

(22) (Signature) W. Whitlock M.D.
 (23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Ridgely, N.C.

Given name added from a supplemental report

Jamie Fairley
Sept. 18, 1923

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Date Feb. 23, 1923 (27) 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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