

Form No. 1

## (1) PLACE OF BIRTH

County of Larende  
 Township of Hannock  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42491

Registration District No. 2.0.0.1 Registered No. 32  
 (For use of Local Registrar)

(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. R. Baker  
 (9) PRESENT POSTOFFICE OF FATHER Kingsburg  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Cooper  
 (15) PRESENT POSTOFFICE OF MOTHER Kingsburg  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21  
 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (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 Alive at 1 P. M.,  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) C. R. Stone  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Scranton, 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 Jan. 1, 1923 (28) W. T. Boston  
 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.