

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of John

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15463

Registration District No. 2619 Registered No. 23
(For use of Local Registrar)St. i Ward
(No. of Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Anna May Baker 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 Feb 28, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emmanuel Baker(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC(10) COLOR OR RACE Cauc (11) AGE AT LAST BIRTHDAY 29
(Year)(12) BIRTHPLACE Ark Co SC(13) OCCUPATION work on farm(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth W. Michael(15) PRESENT POSTOFFICE OF MOTHER Ark Co SC(16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 25
(Year)(18) BIRTHPLACE Ark Co SC(19) OCCUPATION work on farm(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 11 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Lella K. H. H. H.(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

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

(26) Filed 6-5 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.