

Form No. 1

## (1) PLACE OF BIRTH

County of Crawley  
 Township of Zion  
 or  
 Inc. Town 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)

City of ..... 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 Anna May Baker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married? Yes (7) DATE OF BIRTH Feb 28 1923  
 (Name of Month) (Day) (Year)

## FATHER.

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Whitcham  
 (15) PRESENT POSTOFFICE OF MOTHER Arly Co SC  
 (16) COLOR OR RACE Cauc (17) AGE AT LAST BIRTHDAY 25 (Year)  
 (18) BIRTHPLACE Arly 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

(22) 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.

(23) (Signature) Kella K. Kelly(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midway, Crawley Co SC

Given name added from a supplemental report

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

(27) Filed 6-5-23 (28) Kella K. Kelly 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.