

(1) PLACE OF BIRTH

County of SumterTownship of SumterInc. Town of Sumter

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21145

Registration District No. 2200Registered No. 71

(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

Robert C. Baldwin

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

3. BOY OR GIRL?

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

July 3, 1923

FATHER.

8. FULL NAME

Robert C. Baldwin

9. PRESENT POSTOFFICE OF FATHER

Sumterville

10. COLOR OR RACE

W-

11. AGE AT LAST BIRTHDAY

24
(Years)

12. BIRTHPLACE

SC

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

2

MOTHER.

14. NAME BEFORE MARRIAGE

Bessie Allison

15. PRESENT POSTOFFICE OF MOTHER

Sumterville

16. COLOR OR RACE

W-

17. AGE AT LAST BIRTHDAY

20
(Years)

18. BIRTHPLACE

SC

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 A.M. on the date above stated. (Born at or at or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.C. Smith
Sumterville

Given name added from a supplemental report

(26) Witness

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

(27) Filed Aug. 10, 1923(28) L. L. Richardson

Local Registrar

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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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