

FORM NO. 1.

(1) PLACE OF BIRTH

County of Marion

Township of 9th

Inc. Town of _____
or _____

City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79583

Registration District No. 4202

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child Harvey Booker

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 31 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. B. Baker

(9) PRESENT POSTOFFICE OF FATHER Sedalia

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 54 (Years)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Leter

(15) PRESENT POSTOFFICE OF MOTHER Sedalia

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION Farmhand

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Romane at 3:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine Booker

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Sedalia S.C.

Given name added from a supplemental report

_____, 191____

Registrar

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

(27) Filed Sept 31 1916 (28) J. R. Mobley
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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.