

(1) PLACE OF BIRTH

County of WillsonTownship of Cammackor
Inc. Town of

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 Register

29935

Registration District No. 1601 Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child Hath Nancy Baker { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 11 1922</u> (Name of month) (Day) (Year)
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FATHER.

(8) FULL NAME Dame Baker(9) PRESENT POSTOFFICE OF FATHER Hamer(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Florida M. Keller(15) PRESENT POSTOFFICE OF MOTHER Hamer S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Year)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Francis Baker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Hamer 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 Sept 18 1922 (28) Local Registrar Ed M. Keller

*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.

NOTE.—In case of stillbirths, use a SUPPLEMENTAL REPORT FOR EACH CHILD, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.