

## (1) PLACE OF BIRTH

County of

Charleston S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

25088

Township of

or  
Inc. Town of

Charleston S.C.

Registration District No.

Registered No.

1146

(For use of Local Registrar)

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

2 Full Name of Child John Lawrence Baker

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

3 SEX

Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

8/19/22

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

4 FULL NAME

John Wesley Baker

(14) NAME BEFORE MARRIAGE

Miss Ethel Bassman

5 PRESENT POST OFFICE OF FATHER

Charlotte N.C.

(15) PRESENT POSTOFFICE OF MOTHER

Charlotte N.C.

6 COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(Years)

7 BIRTHPLACE

Virginia

(18) BIRTHPLACE

Kingstree

8 OCCUPATION

Teacher

(19) OCCUPATION

Domestic

9 Number of children born to mother including present birth

One

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

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

J. M. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/16/22

(28)

J. M. Green M.D. 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.

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