

**CERTIFICATE OF BIRTH**

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

File No.—For State Registrar Only  
**73882**

(1) PLACE OF BIRTH  
County of *Marion*  
Township of *Russell*  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. *37.06* Registered No. *20*  
(For use of Local Registrar)

(2) Full Name of Child *Sarah Walker Baker* ... } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in case of twins or triplets</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>August 1, 1916</i> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME *Alexander Taylor Baker*

(9) PRESENT POSTOFFICE OF FATHER *Marion S.C. Route 4*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *44* (Years)

(12) BIRTHPLACE *Marion Co. S.C.*

(13) OCCUPATION *Farmer*

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE *Miss Josephine Orwell*

(15) PRESENT POSTOFFICE OF MOTHER *Marion S.C. Route 4*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *34* (Years)

(18) BIRTHPLACE *Marion Co. S.C.*

(19) OCCUPATION *Housewife*

(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 *born alive* at *3 P.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. Smith*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Physician Marion 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 *Aug 3, 1916* (28) *C. H. Hall* 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. 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.  
 McCaw, of Columbia.