

(1) PLACE OF BIRTH  
County of Spartanburg

Township of  
or  
Inc. Town of Aikens

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  
**87542**

Registration District No. 4008 Registered No. 736-  
(For use of Local Registrar)

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

(3) BOY OR (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 22, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ervin O. Baker

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Cotton Mill Operative

(20) Number of children born to mother, including present birth Three (3)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Clara Durnin

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Spartanburg Co., S.C.

(19) OCCUPATION Wife

(21) Number of children of this mother now living, including present birth Three (3)

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 9:00 M., on the date above stated. (Born alive or born or P. M.)

(23) (Signature) W. W. Boyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg, 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 Nov 29, 1916 (28) C. J. Parker 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.

fifth month of pregnancy.

For State Registrar Only  
**587**

No. 126  
Local Registrar)

number.) Ward

yet named, make report as directed

3 1916  
(Day) (Year)

W. W. Boyd  
26  
(Signature)

W. W. Boyd  
26  
(Signature)