

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town ofor
City of City

(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 HealthNo. 11-For State Registrar Only
11951Registration District No. 40-aRegistered No. 137
(For use of Local Registrar)(No. 9a St. St. 7 Ward)(2) Full Name of Child W. C. Baker

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

3) BOY OR GIRL?

Boy

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married yes

(7) DATE OF

BIRTH May 28, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr. W. C. Baker

(9) PRESENT POSTOFFICE OF FATHER

Andersonville

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

24
(Year)

(12) BIRTHPLACE

Andersonville, S.C.

(13) OCCUPATION

Comm. Officer

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Baker

(15) PRESENT POSTOFFICE OF MOTHER

Andersonville

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

28
(Year)

(18) BIRTHPLACE

Andersonville, S.C.

(19) OCCUPATION

Housewife

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

1-3

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

1-3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... a live ... 6:00 am M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Bertha Wilson

(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 22 is signed by mark)

(27) Filed

5-1-1923

(28)

Jas. Cooper
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.