

No. 1.

## (1) PLACE OF BIRTH

County of Sumter  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 4108

File No.—For State Registrar Only

79475Registered No. 128  
(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child Willie James Baster  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 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 event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept. 1, 1916  
(Name of Month) (Day) (Year)

## FATHER:

(8) FULL NAME

Edmon Baster

(9) PRESENT POSTOFFICE OF FATHER

Providence S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

32  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

## MOTHER:

(14) NAME BEFORE MARRIAGE

Manda Graham

(15) PRESENT POSTOFFICE OF MOTHER

Providence S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

4

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

7-8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia Mark Parker

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Providence S.C.

Given name added from a supplemental report

(26) Witness

Mrs. Eva Bunkette

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

(27) Filed

9-13-16

(28)

B. McLaughlin  
Local Registrar

19  
 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.