

No. 1.

(1) PLACE OF BIRTH

County of *Spartanburg*
 Township of *Providence*
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

79475

Registration District No. *4105* Registered No. *125*
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Willie James Baster* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *yes* (5) Number in order of birth *1* (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*
 (20) Number of children born to mother, including present birth *4*

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*

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

(27) Filed *9-13-16* (28) *B. McLaughlin*
 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.