

## (1) PLACE OF BIRTH

County of Washington  
 Township of Washington  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Register Only

42024

Registration District No. 1.2.0.7Registered No. 49  
(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 Thomas Lee Baele (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet - (5) Number in order of birth - (6) Age yes (7) DATE OF BIRTH Dec. 11, 1932  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Baele(9) PRESENT POSTOFFICE OF FATHER Washington R.(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE Washington(13) OCCUPATION Farmers(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Brinkington(15) PRESENT POSTOFFICE OF MOTHER Washington R.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Al. Baele(21) Number of children of this mother now living, including present birth 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alma at 3 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Walter R. Rife

(24) State (whether Physician or Midwife)

(25) Address of Physician or Midwife Washington

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 22 is signed in blank  
Walter R. Rife