

## (1) PLACE OF BIRTH

County of OrangeTownship of Centerville

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 3500No. 37000Registered No. 149  
(For use of Local Registrar)(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 Ernie Baker

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

(a) SEX <u>girl</u>	(b) Age <u>2 1/2</u>	(c) Number of children born to mother <u>4</u>	(d) Is mother living <u>yes</u>	(e) DATE OF BIRTH <u>Oct 21, 1921</u>
---------------------	----------------------	--	---------------------------------	---------------------------------------

FATHER.		MOTHER.	
(1) NAME <u>G. S. Baker</u>	(1) NAME <u>Ellen Baker</u>	(2) PRESENT RESIDENCE <u>Fair play</u>	(2) PRESENT RESIDENCE <u>Fair play</u>
(3) COLOR <u>White</u>	(3) COLOR <u>White</u>	(4) OCCUPATION <u>farmer</u>	(4) OCCUPATION <u>domestic</u>
(5) OCCUPATION <u>farmer</u>	(5) OCCUPATION <u>domestic</u>	(6) Number of children born to father <u>4</u>	(6) Number of children born to mother <u>4</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Date A. M. or P. M.)

on the date above stated.

(23) (Signature) W. W. Martin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Fair playGiven name added from a supplemental report  
Ernie Baker  
Oct 25

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

(27) Filed Nov 2, 1921 (28) W. W. Martin 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.