Form No. 1

(1) PLACE OF BIRTH Riff

County of Lexington

Township of 2

or

Inc. Town of

or

City of

(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 Health

File No.—For State Registrar Only

39491

Registration District No. 3455 Registered No. 38

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Richard Albert Baxter

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		1	Yes	April 19 22

FATHER.

(8) FULL NAME Sumner Baxter

(9) PRESENT POSTOFFICE OF FATHER Blairs SC

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY..... (Years)

(12) BIRTHPLACE Lexington

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Reece

(15) PRESENT POSTOFFICE OF MOTHER Blairs

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY..... (Years)

(18) BIRTHPLACE Calhoun

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Silvia Rutherford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Blairs S.C.

Given name added from a supplemental report 7-12-42

M. R. Wedeman M.D. Registrar

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

(27) Filed Mar 22 1942 (28) A. H. Mayson 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.

N. B.—If any of the above questions are unanswered, write UNKNOWN. If a question does not apply, write NONE. Do not leave any blanks. Use ink and write plainly. Sec. 2, etc., Act No. 295, Acts of 1915.