

Form No. 1

(1) PLACE OF BIRTH

County of *Rich.*

Township of *One West*

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

50880

Registration District No. *106* Registered No. *12*

(For use of Local Registrar)

(2) Full Name of Child *Fred Robert*

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

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Mar 12 1916</i>
				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Fred Baker*

(9) PRESENT POSTOFFICE OF FATHER *One West St.*

(10) COLOR OR RACE *negro*

(11) AGE AT LAST BIRTHDAY *5-6* (Years)

(12) BIRTHPLACE *Abb. Co.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *12*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Lela Dunlop*

(15) PRESENT POSTOFFICE OF MOTHER *One West St.*

(16) COLOR OR RACE *negro*

(17) AGE AT LAST BIRTHDAY *42* (Years)

(18) BIRTHPLACE *Abb. Co.*

(19) OCCUPATION *Field Hand*

(21) Number of children of this mother now living, including present birth *11*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *B. alive* at *1 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Walter Baker*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

*Father One West St.*

Given name added from a supplemental report

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Registrar

(26) Witness *J. H. Hester*

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

(27) Filed *Mar 16 1916* (28) *J. C. Triplett Jr.* Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.