

## (1) PLACE OF BIRTH

County of Darlington  
 Township of Darlington

or  
 Inc. Town of                       
 or                     

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 Mary Leticia Baker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept 31, 22  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME J. E. Baker

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C. R.F. 8

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Alma Sanders

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C. R.F. 8

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Early

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

Given name added from a supplemental report

ALVIL 36  
#29838 (1922)  
 Registrar

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

(27) Filed Jan 1, 23 (28) E. C. Early 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.

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