

## (1) PLACE OF BIRTH

County of LancasterTownship of DeFord

OF

Inc. Town of .....

OF

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Baskins

File No.—For State Registrar Only

35113

Registration District No. 2560Registered No. 75

(For use of Local Registrar)

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 30, 1922

## FATHER

(8) FULL NAME

Springs Baskins

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Rowell

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1 3

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

1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. H. SappM.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Lancaster S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed Nov. 9, 1922(28) A. M. Hinson

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.

Form No. 1. THE OTHER, No. 2, etc., in Question 1. BUREAU OF COLUMBIA, COLUMBIA, S. C.