

(1) PLACE OF BIRTH

County of *Anderson*
 Township of *Millington*
 or
 Inc. Town of *Rezer*
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. *38*

File No. - For State Registrar Only
13533

Registered No. *60*
 (For use of Local Registrar)

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

(2) Full Name of Child

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

(3) BOY OR GIRL *boy* (4) Twin or Triplet *Yes* (5) Number in order of birth *1* (6) Age Parents Married? *Yes* (7) DATE OF BIRTH *May 3, 1922*
 To be completed only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME *P. L. Baker* (14) NAME BEFORE MARRIAGE *Daisy Giddings*
 (9) PRESENT POSTOFFICE OF FATHER *Rezer SC* (15) PRESENT POSTOFFICE OF MOTHER *Rezer SC*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *43* (Years) (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *41* (Years)
 (12) BIRTHPLACE *Greenville Georgia* (18) BIRTHPLACE *Laurens Georgia*
 (13) OCCUPATION *Ref tile* (19) OCCUPATION *Domestic*
 (20) Number of children born to mother, including present birth *1* (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 *11:30* AM on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) *MR. Hardy*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Rezer SC*

Given name added from a supplemental report

(26) Witness

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

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 Registrar

(27) *Hardy?*(28) *Local Registrar*

When there was no attending physician or midwife, and 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 28th month of pregnancy.