

(1) PLACE OF BIRTH

County of Willam  
Township of Butter  
or  
Inc. Town of Latta  
or  
(City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3650

Registration District No. 11206

Registered No. 7  
(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 William Dean Porter

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 10, 1923  
(If child is not yet named, make supplemental report as directed)

FATHER.  
(8) FULL NAME Mr. William Porter  
(9) PRESENT POSTOFFICE OF FATHER Latta SC #2  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41  
(12) BIRTHPLACE Deean Co  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Lucy Love  
(15) PRESENT POSTOFFICE OF MOTHER Latta SC #2  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE Deean Co  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive on the date above stated. (23) (Signature) J. A. Edwards at 7:15 P.M.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Latta SC

Given name added from a supplementary report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Date 2/27/23 (28) Local Registrar W. L. Rogers

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.