

MAKING RECORDS FOR BIRTHING. WRITE PLAINLY WITH INK. SIGN IN A PERMANENT RECORD. IN CASE OF BIRTHING, SIGN AND WRITE PLAINLY EACH CHILD, AND MARK THE SEX, COLOR, HAIR, EYES, AND OTHER, NO. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....  
OR  
Inc. Town of .....  
OR  
City of Charleston (No. 704 Meeting St.)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 9A Registered No. 1899  
(For use of Local Registrar)  
(2) Full Name of Child Henry Allen Porrie  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet.		<u>yes</u>	<u>Dec 13</u> <u>1899</u> (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Herling Allen Porrie</u>	(14) NAME BEFORE MARRIAGE	<u>Mrs Maggie Palmer</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Charleston SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Charleston SC</u>
(10) COLOR OR RACE	<u>wh</u>	(16) COLOR OR RACE	<u>wh</u>
(11) AGE AT LAST BIRTHDAY	<u>33</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>33</u> (Years)
(12) BIRTHPLACE	<u>Augusta Ga</u>	(18) BIRTHPLACE	<u>St Helena</u>
(13) OCCUPATION	<u>Mortician</u>	(19) OCCUPATION	<u>House wife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>3</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) Signature Henry Allen Porrie  
(24) Name, Address, Profession, or Occupation Charleston SC  
(25) Address of Physician or Midwife  
Given name added from supplemental report  
Witness necessary only if child is named by mother