

(1) PLACE OF BIRTH

County of Greenville  
Township of Greenville

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
19173

Inc. Town of ..... Registration District No. 24 A Registered No. 56  
(For use of Local Registrar)  
City of Greenville (No. 573 E North St.; 2nd Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Dorothy White Por } 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 ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 27 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Francis Winslow Por Jr  
(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Greenville S.C.  
(13) OCCUPATION Office man  
(20) Number of children born to mother, including present birth One

**MOTHER.**

(14) NAME BEFORE MARRIAGE Dot Gilmer White  
(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Wheatlander S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth One

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. Buck Spartman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by (mark))  
(27) Filed Feb 24 1916 (28) Ed Smith 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.  
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.

THIS FORM IS AVAILABLE FREE OF CHARGE TO ALL PERSONS WHOSE NAMES ARE ON THE LIST OF BIRTHS FOR THE YEAR 1916. IT IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE STATE BOARD OF HEALTH, COLUMBIA, S. C.