

(1) PLACE OF BIRTH

County of York  
Township of Proctorville  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 3303

File No.—For State Registrar Only

31307

Registered No. 48  
(For use of Local Registrar)

(2) Full Name of Child

Julia Corlie Port

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 10 22  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Paul J. Porter  
(9) PRESENT POSTOFFICE OF FATHER Blacksburg  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
(12) BIRTHPLACE Morristown  
(13) OCCUPATION Miner  
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maria Thedore  
(15) PRESENT POSTOFFICE OF MOTHER Blacksburg  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31  
(18) BIRTHPLACE Morristown  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) M. L. Ladd  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Proctorville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 28 22 (28) R. R. R. 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.

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