

(1) PLACE OF BIRTH

County of Union

Township of

or
Inc. Town ofor
City of Union

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

(2) Full Name of Child Sarah King Porter If child is not yet named, make supplemental report as directed(3) SEX OF CHILD BOY OR GIRL (4) Twin or Triplet X (5) Number in order of birth X (6) Age of Child at Birth yes (7) DATE OF BIRTH 7-21-23 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>J. E. Porter</u>	(14) NAME BEFORE MARRIAGE	<u>Jessie E. Platts</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Union S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Union S.C.</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>21</u> (Year)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Year)
(12) BIRTHPLACE	<u>Wilmington S.C.</u>	(18) BIRTHPLACE	<u>Seaboard S.C.</u>
(13) OCCUPATION	<u>Cashier South R.R.</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>4</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 at M., on the date above stated. (Normal time of birth) (Hour, M. or P. M.)

(23) (Signature) A. B. McEwen (24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 9-10-23 (28) S. J. Saratt 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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