

## (1) PLACE OF BIRTH

County of Yarnwell  
 Township of Wilmington  
 Inc. Town of .....  
 or .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10055

Registration District No. 573Registered No. 25  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child M. P. Porter  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Boy 4. Twin or Triplet? ..... 5. Number in order of birth ..... 6. Are Parents Married? yes 7. DATE OF BIRTH April 28 1927  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER. MOTHER.  
 8. FULL NAME William Porter 14. NAME BEFORE MARRIAGE Mary May  
 9. PRESENT POSTOFFICE OF FATHER Wilmington S.C. R. 1 15. PRESENT POSTOFFICE OF MOTHER .....  
 10. COLOR OR RACE Negro 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 29  
 12. BIRTHPLACE SC 18. BIRTHPLACE SC  
 13. OCCUPATION Harbor Hand 19. OCCUPATION Wife of Fred Hand  
 20. Number of children born to mother, including present birth 17 21. Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M.  
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Barnes Scandlen  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilmington S.C. R. 1

Given name added from a supplemental report

(26) Witness J. H. Johnson (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 5-1-1927 (28) M. J. Johnson Local Registrar

19 .....

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.