

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Orangeburg
Township of Goodland
or
Inc. Town of Springfield
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 3607 Registered No. 21
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

2. FULL NAME OF CHILD Aubrey Allen Porter

If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term ☒ 7. Are Parents Married? yes 8. Date of birth Aug. 23, 1922
(Month, day, year)

9. Full name Allen Porter FATHER

18. Name before marriage Maudie Fralick MOTHER

10. Residence (mailing address) Springfield, SC
(If non-resident, give place and State)

19. Residence (mailing address) Springfield, SC
(If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 52 (years)

20. Color or race White 21. Age at last birthday 46 (years)

13. Birthplace (city or place) Springfield, SC
(State or country)

22. Birthplace (city or place) Neuses, S. C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work _____

25. Date (month and year last) engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at ? m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____
(Name of Prophylactic)

Cleft Palate _____ Hare Lip _____ Other Deformities _____
(Specify)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from _____
a supplementary report _____
(Date of) _____

(Signed) _____, M. D.
or Cary P. Bailey Midwife

Address Springfield, S. C.

Filed May 16, 1941 H. T. Fanning
Registrar. Registrar.

Registrar.

Registrar.