

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

FILE No. 22 049251

Registration District No. 3607 Registered No. 2-1
 (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 _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Aug. 23, 1922
 5. Number, in order of birth _____ Full term Married? yes (Month, day, year)

9. Full name Allen Porter FATHER 18. Name before marriage Maude Fralick MOTHER

10. Residence (mailing address) Springfield, S.C. 19. Residence (mailing address) Springfield, S.C.
 (If non-resident, give place and State) White (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, S.C. 22. Birthplace (city or place) Neese, S.C.
 (State or country) (State or country)

OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Laborer</u>		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 _____, 19____		25. Date (month and year) last engaged in this work _____, 19____
	17. Total time (years) spent 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, _____ months _____ weeks 29. Cause of stillbirth _____
 period of gestation _____ 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 _____ (Date of) _____
 a supplementary report _____

(Signed) _____, M. D.
 or Carry P. Bailey Midwife
 Address Springfield, S.C.
 Filed May 16, 1941 H. T. Fanning
 Registrar. Registrar.