

(1) PLACE OF BIRTH

County of Sumter
 Township of Mayesville
 or
 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

19297

Registration District No. 4/02 Registered No. 28-
 (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 Prachi Porter (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 20, 29
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Geo Porter
 (9) PRESENT POSTOFFICE OF FATHER Mayesville S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22
 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Porter
 (15) PRESENT POSTOFFICE OF MOTHER Mayesville S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Harris(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Mayesville 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 May 1, 1929

(28)

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.