

THIS IS A PRELIMINARY RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

| (1) PLACE OF BIRTH | | CERTIFICATE OF BIRTH | | File No.—For State Registrar Only | |
|--|--|--|---|---------------------------------------|---|
| County of <u>Charleston</u> | | STATE OF SOUTH CAROLINA | | 27542 | |
| Township of <u>Edisto Island</u> | | Bureau of Vital Statistics | | | |
| or | | State Board of Health | | | |
| Inc. Town of | | Registration District No. <u>902</u> | | Registered No. <u>487</u> | |
| or | | | | (For use of Local Registrar) | |
| City of | | (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 <u>Willie Porter</u> (If child is not yet named, make supplemental report as directed) | | | | | |
| (3) BOY OR GIRL <u>Boy</u> | (4) Twin or Triplet To be entered only in case of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Age Parents Married <u>70</u> | (7) DATE OF BIRTH <u>Sept. 16, 23</u> | |
| FATHER | | | MOTHER | | |
| (8) FULL NAME <u>unknown</u> | | | (14) NAME BEFORE MARRIAGE <u>Dorothy Porter</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Edisto Island S.C.</u> | | |
| (10) COLOR OR RACE <u>"</u> | | (11) AGE AT LAST BIRTHDAY <u>"</u> (Years) | (16) COLOR OR RACE <u>Negress</u> | | (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) |
| (12) BIRTHPLACE <u>"</u> | | | (18) BIRTHPLACE <u>Edisto Island S.C.</u> | | |
| (13) OCCUPATION | | | (19) OCCUPATION <u>Farming Hand</u> | | |
| (20) Number of children born to mother, including present birth <u>1</u> | | | (21) Number of children of this mother now living, including present birth <u>1</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>8 A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) | | | | | |
| (23) (Signature) <u>Rachael Nelson</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> | | | | | |
| (25) Address of Physician or Midwife <u>Edisto Island S.C.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness <u>John Gregory</u> | | |
| | | | (Signature of Witness necessary only when question 23 is signed by mark) | | |
| 19 | | | (27) Filed <u>Sept 20, 23</u> | | |
| Registrar | | | 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 reports desired of stillbirths before the fifth month of pregnancy. | | | | | |