

Form No. 1

## (1) PLACE OF BIRTH

County of BeaufortTownship of Liberty

or

Inc. Town of Liberty

or

City of .....

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

(2) Full Name of Child William James Porter

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

(3) BOY OR GIRL? B (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James A. Porter(9) PRESENT POSTOFFICE OF FATHER Liberty S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Portrait Artist(14) Number of children born to mother, including present birth 2

## MOTHER.

(15) NAME BEFORE MARRIAGE Myra Porter(16) PRESENT POSTOFFICE OF MOTHER Liberty S.C.(17) COLOR OR RACE W. (18) AGE AT LAST BIRTHDAY 35 (Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alvin at 10:20 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. S. Porter M.D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife Beaufort 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 June 7, 1922 (28) John T. Boyce 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.

RECEIVED FOR THE STATE OF SOUTH CAROLINA, BEAUFORT COUNTY, LIBERTY TOWNSHIP, JUNE 7, 1922. FIRST BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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

File No.—For State Registrar Only  
 19853

Registration District No. 3405 Registered No. 88  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
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