

1) NAME OF BIRTH

County of Wageningen

Township of Hall

or  
In Town of .....

or  
City of .....

2) Full Name of Child Ben Portick

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

40885

Registration District No. 401 Registered No. 122

(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.)

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

3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 11, 1903

(Name of Month) (Day) (Year)

FATHER

8) FULL NAME W. H. Portick

9) PRESENT POSTOFFICE OF FATHER Luray S.C.

10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 45 (Years)

12) BIRTHPLACE Hamlet S.C.

13) OCCUPATION Farmer

14) Number of children born to mother, including present birth 9

MOTHER

15) NAME BEFORE MARRIAGE Emma Small

16) PRESENT POSTOFFICE OF MOTHER Luray S.C.

17) COLOR OR RACE col (18) AGE AT LAST BIRTHDAY 40 (Years)

19) BIRTHPLACE Hamlet S.C.

20) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was alive at 10 P (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Small

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Luray S.C.

Given name added from a supplemental report

..... 101 .....

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 1, 1904 (28) W. E. T. Jackson 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.

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