

(1) PLACE OF BIRTH

County of OrangeburgTownship of 4th

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4828

Registration District No. 3607... Registered No. 16.....
(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 Robert Lejeune Porter... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 14</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>James Porter</u>	(14) NAME BEFORE MARRIAGE <u>Albertyne J. J. J. J.</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Neeses</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Neeses</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) COLOR OR RACE <u>Black</u>	(13) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(16) BIRTHPLACE <u>S. C.</u>	(17) OCCUPATION <u>farmer</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret J. J. J. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Neeses

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 1923 (28) S. M. J. J. Local Registrar

When there was no physician or midwife, then the father, householder, etc., should make this return. If a child is born dead, it need not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.