

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32192

County of PorterTownship of BurkePrecinct of PorterRegistration District No. 40002Registered No. 94

(For use of Local Registrar)

City of Porter(No. 1)St. 1Ward 1

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

Full Name of Child

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

SEX OR

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) NAME BEFORE MARRIAGE John(14) NAME BEFORE MARRIAGE Lucy McGary(9) PRESENT POSTOFFICE OF MOTHER Greer SC(15) PRESENT POSTOFFICE OF MOTHER Greer SC(10) AGE AT LAST BIRTHDAY 33 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(11) BIRTHPLACE SC(18) BIRTHPLACE SC(12) OCCUPATION Farm(19) OCCUPATION Domestic(13) Number of children born to mother including present birth 10(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was B. Blue at 2 H on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. Blue(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greer SC

Name added from a supplemental report

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

(27) Filed Oct 10 1927 (28) J. C. Moore Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.