

## (1) PLACE OF BIRTH

County of LaurensTownship of Sullivan

Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46714

Registration District No. 2-906Registered No. 3

(For use of Local Registrar)

## (2) Full Name of Child

John William Deverport

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? .....

(5) Number in order of birth .....

To be answered only in event of Twins or Triplets

(6) Are Parents Married? No(7) DATE OF BIRTH May 3 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Rufus Deverport

(9) PRESENT POSTOFFICE OF FATHER

Gray Court S.C.

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE

Laurens County S.C.

(13) OCCUPATION

Farmer

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucien Saxton

(15) PRESENT POSTOFFICE OF MOTHER

Gray Court S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE

Laurens County S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Welborn, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

PhysicianGray Court S.C.

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed Jan 6 1916

(28)

Mr. S. Sullivan

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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