

## (1) PLACE OF BIRTH

County of Anderson

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 2761 - For State Register OnlyTownship of PiedmontInc. Town of Joseph(City of Joseph)

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

Registration District No. 3Registered No. 10  
(For use of Local Registrar)(2) Full Name of Child Robert Porter

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

(3) SEX OF CHILD Boy

(4) Twin or Triplet

To be covered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age of mother

(7) DATE OF BIRTH

Feb 20 1923

(Month of Birth) (Day) (Year)

(8) FATHER'S NAME J. B. Porter(9) FATHER'S RESIDENCE Piedmont S.C.(10) COLOR OF FATHER White (11) AGE AT LAST BIRTHDAY 30(12) BIRTHPLACE S.C.(13) OCCUPATION Mill work(14) Number of children born to mother, including present one 7(10) MOTHER'S NAME Dorrie Thompson(11) MOTHER'S RESIDENCE Piedmont S.C.(12) COLOR OF MOTHER White (13) AGE AT LAST BIRTHDAY 36(14) BIRTHPLACE S.C.(15) OCCUPATION Domestic(16) Number of children of this mother 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was alive at 6:30 P.M. on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)(18) Signature of Physician or Midwife [Signature] (19) Address of Physician or Midwife [Address](20) Given name of child Robert (21) Surname of child Porter(22) Date of birth Feb 20 1923 (23) Time of birth 6:30 P.M.(24) Name of hospital or institution [Name] (25) Name of attending physician or midwife H. J. Fleming(26) Name of registrar [Name] (27) Name of clerk [Name]