

## (1) PLACE OF BIRTH

County of Newberry & CTownship of .....or  
Inc. Town of .....or  
City of Newberry & C

(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

31378

Registration District No. 34 ARegistered No. 145  
(For use of Local Registrar)(No. 6 Player St.; 3 Ward)(2) Full Name of Child Isaac Isaac Porter

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet? <u>.....</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>9-24-1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(1) FULL NAME Engine Catherine Porter(2) PRESENT POSTOFFICE OF FATHER Newberry & C(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Year)(4) BIRTHPLACE Saluda Co S.C.(5) OCCUPATION mill man(6) Number of children born to mother, including present birth 1 8

## MOTHER.

(14) NAME BEFORE MARRIAGE Lilla Gaff(15) PRESENT POSTOFFICE OF MOTHER Newberry & C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Year)(18) BIRTHPLACE Saluda Co - S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was born alive at 4:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. E. W. Baker M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Newberry & C

(26) Extra name added from a supplemental report

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

(27) Filed Oct 2 1922 (28) B. B. Cunningham 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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