

(1) PLACE OF BIRTH

County of Georgetown
 Township of Porter #1
 or
 Inc. Town of
 or
 City of Porter #1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For Date Registered Only

3911

Registration District No. 2100 Registered No. 4
 (For use of Local Registrar)

City of Porter #1 (No. 3) St. 1 Ward 1

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

(2) Full Name of Child Jodie Mikal If child is not yet named, make supplemental report as directed

3 SEX OF CHILD Boy 4 Type of Triplet 1 5 Number in order of birth 1
 To be answered only in case of Triplet

6 Are Parents Married Yes 7 DATE OF BIRTH Feb 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Abra. Mikal

9 PRESENT POSTOFFICE OF FATHER Georgetown S.C.

10 COLOR OR RACE Celoid (11) AGE AT LAST BIRTHDAY 47 (Year)

12 BIRTHPLACE Georgetown County

13 OCCUPATION Farmer Work.

14 Number of children born to mother, including present birth 11

MOTHER.

14 NAME BEFORE MARRIAGE Elizabeth L. Wright

15 PRESENT POSTOFFICE OF MOTHER Georgetown

16 COLOR OR RACE Celoid 17 AGE AT LAST BIRTHDAY 46 (Year)

18 BIRTHPLACE Butler County, W.C.

19 OCCUPATION House wife

20 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Abra. at 8 M.
 on the date above stated. (Designative of (11) born) Hour A. M. or P. M.

(22) (Signature) Buller Blake (23) Address of Physician or Midwife Georgetown

(24) State whether Physician or Midwife Midwife

Given under sealed cover of supervisor and signed

11-12-44
TPH

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

Feb 22, 23 (26) GP. K. Johnson Local Registrar

When there was no physician or midwife present, the father, householder, etc. should make this report. No report is desired of a stillborn child.