

For TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Charleston</i>		STATE OF SOUTH CAROLINA		41409	
Township of <i>S. P. St. M.</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <i>909</i>		Registered No. <i>2nd</i>	
or		(No. <i>7 Mile</i>		(For use of Local Registrar)	
City of		St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>Aaron Porcher</i>		{ If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec. 31, 1922</i>	
FATHER.		MOTHER.			
(8) FULL NAME <i>Aaron Porcher</i>		(14) NAME BEFORE MARRIAGE <i>Elizabeth Simmon</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Myers S. C.</i>		(15) PRESENT POSTOFFICE OF MOTHER <i>Myers S. C.</i>			
(10) COLOR OR RACE <i>Col.</i>		(11) AGE AT LAST BIRTHDAY <i>50</i>		(16) COLOR OR RACE <i>Col.</i>	
(12) BIRTHPLACE <i>Charleston Co.</i>		(17) AGE AT LAST BIRTHDAY <i>20</i>		(18) BIRTHPLACE <i>Charleston Co.</i>	
(13) OCCUPATION <i>Labner at Phos. Mill</i>		(19) OCCUPATION <i>Housework</i>			
(20) Number of children born to mother, including present birth <i>1</i>		(21) Number of children of this mother now living, including present birth <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9:15* M., on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) *Tenah McNeil*

(24) State whether Physician or Midwife *R. Midwife*

(25) Address of Physician or Midwife

Given name added from a supplemental report

Witness (Signature of Witness necessary only when question 22 is signed by mark)

(26) *C. F. Myers* Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.

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Local Registrar.