

(1) PLACE OF BIRTH

County of Spartanburg Township of Pacolet or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2534

Registration District No. 4006 Registered No. 2

(For use of Local Registrar)

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

(2) Full Name of Child Lashle Porter

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

(3) BOY OR GIRL

 Boy

(4) Twin or Triplet?

 No

(5) Number in order of birth

 1

(6) Are Parents Married?

 yes

(7) DATE OF BIRTH

 1-26-22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

 Allan Porter

(9) PRESENT POSTOFFICE OF FATHER

 Trough, S.C.

(10) COLOR OR RACE

 Col.

(11) AGE AT LAST BIRTHDAY

 22

(12) BIRTHPLACE

 S.C.

(13) OCCUPATION

 Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

 Collogra Lipscomb

(15) PRESENT POSTOFFICE OF MOTHER

 Trough, S.C.

(16) COLOR OR RACE

 Col.

(17) AGE AT LAST BIRTHDAY

 20

(18) BIRTHPLACE

 S.C.

(19) OCCUPATION

 Housewife

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

 3

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

 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P.M. on the date above stated. (If stillborn, state date and time of death.)

(23) (Signature)

 M. L. Ruppel, M.D.

(24) State whether Physician or Midwife

 Physician

(25) Address of Physician or Midwife

 M. D. Ruppel, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

 3-1-22 (28) M. W. Brown

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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NOTES: (1) THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR HIS ASSISTANT. (2) IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.

WHITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD. (3) IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.