

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of 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.

City of Columbia

(1) PLACE OF BIRTH
 County of Pickens
 Township of Pickens
 or
 Inc. Town of
 or
 City of (No. St.; Ward.)
 (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
47183

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

(2) Full Name of Child Eve Ester Porter { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 30 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J E Porter
 (9) PRESENT POSTOFFICE OF FATHER Pickens SC 20
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)
 (12) BIRTHPLACE Pickens Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lannie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Pickens SC 26
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Pickens Co SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) J E Porter Father of Child

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pickens SC

Given name added from a supplemental report

101

Regd

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

(27) Filed Jan 31 1916 (28) B. B. Johnson Local Registrar

*When there was no attending physician or midwife, when 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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