

(1) PLACE OF BIRTH

County of Sumner
 Township of S. Hill
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

92090

Registration District No. 4202 Registered No. 6-0
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

(2) Full Name of Child Dora Porter

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Dec 12 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sinder Porter
 (9) PRESENT POSTOFFICE OF FATHER Whitman St
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE Sumner Co.
 (13) OCCUPATION Labour
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Jean Porter
 (15) PRESENT POSTOFFICE OF MOTHER Whitman St
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE Sumner Co.
 (19) OCCUPATION Labour
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was B. alive at 6 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Duckett(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman St

Given name added from a supplemental report

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

(27) Filed Jan 6 1917 (28) I. G. Mobley
 Registrar 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.