

THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hampton</u>		STATE OF SOUTH CAROLINA		18987	
Township of <u>Porter</u>		Bureau of Vital Statistics			
Inc. Town of <u>Porter</u>		State Board of Health			
City of <u>Porter</u>		Registration District No. <u>3403</u>		Registered No. <u>32</u>	
(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 <u>John Paul</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>13</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 1 1922</u>	
To be answered only in event of Twins or Triplets				(Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Alice Paul</u>			(14) NAME BEFORE MARRIAGE <u>Alice Jenkins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Yamouss</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yamouss, SC</u>		
(10) COLOR OR RACE <u>Col</u>			(16) COLOR OR RACE <u>Col</u>		
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)		
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Hom Work</u>		
(20) Number of children born to mother, including present birth <u>Thirteen</u>			(21) Number of children of this mother now living, including present birth <u>Nine</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alice</u> at <u>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Alice X Jenkins</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Yamouss</u>					
Given name added from a supplemental report					
(26) Witness <u>JB Mc</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 10 1922</u> (28) <u>JB Mc</u> 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.					