

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

407

City of Charleston

County of

In Town of

Registration District No. 9A Registrar No. 1

City of Charleston S.C. (No. Rape Hospital St. Ward)

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

3. Full Name of Child. Robert Lane Porter If child is not yet named, make supplemental report as directed

4. SEX Boy (a) Twin or Triplet? (b) Number in order of birth (c) Are Parents Married? Yes (d) DATE OF BIRTH Jan 13 23 (Month of Month) (Day) (Year)

FATHER

1. FULL NAME James O. Porter

2. PRESENT RESIDENCE 7 Liberty St. Charleston S.C.

3. COLOR OR RACE Colored (ii) AGE AT LAST BIRTHDAY 22 (Years)

4. BIRTHPLACE Augusta Ga.

5. OCCUPATION Laborer

6. Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Henrietta Godham

(15) PRESENT RESIDENCE 7 Liberty St. Charleston S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION Dom.

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive (Hour 8:05 P. (M. or P. M.)) on the date above stated.

(22) (Signature) J. J. Monte M.D. (23) Address of Physician or Midwife Charleston S.C.

(24) State whether Physician or Midwife

Has name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed Jan 15 1923 (28) Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return, if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.