

## (1) PLACE OF BIRTH

County of Anderson  
 Township of North  
 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

6448

Registration District No 305 Registered No. 27  
 (For use of Local Registrar)

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

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH.....  
 (Name, Month) (Day) (Year)

## FATHER.

(8) FULL NAME Albert Porter  
 (9) PRESENT POSTOFFICE OF FATHER Jamville S.C.  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY.....  
 (Years) 25  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Ellie Edwards  
 (15) PRESENT POSTOFFICE OF MOTHER Jamville S.C.  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY.....  
 (Years) 25  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Hank Bryant (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Mar 11 1927 (28) J. J. Gallaway Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

REG. 51.—In case of twins or triplets, use a separate card for each child, and mark the