

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

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

(2) Full Name of Child Beatrice Porter

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

(3) SEX OF CHILD

Girl

(4) Twin or Triplet

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Age of parent

(7) DATE OF BIRTH

Nov 17 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

David Porter

(9) PRESENT POSTOFFICE OF FATHER

Sweggo, S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

15
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Anna Porter

(15) PRESENT POSTOFFICE OF MOTHER

Sweggo

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

23
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

15

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

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Porter

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sweggo, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

November 201923

(28)

J. S. Kaffica
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.