

Form No. 1

## (1) PLACE OF BIRTH

County of UnionTownship of Wanchewyor  
Inc. Town of .....or  
City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50659

Registration District No. 4205 Registered No. 7

(For use of Local Registrar)

Ward: .....

(2) Full Name of Child Albert Porter .....

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 27 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Albert Porter(9) PRESENT POSTOFFICE OF FATHER Stilton S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Union Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

## MOTHER.

(15) NAME BEFORE MARRIAGE Ma Kartha Kelly(16) PRESENT POSTOFFICE OF MOTHER Stilton S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 29 (Years)(19) BIRTHPLACE Union Co(20) OCCUPATION Farmer(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 alive, at 7 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carline H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Stilton S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness Rena Linsey

(Signature of Witness necessary only when question 28 is signed by mark)

(27) Filed 1916 (28) D. G. Ballman 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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—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 8.

McCaw, of Columbia.