

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Goodly Creek
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31654

Registration District No. 3407 Registered No. 14
 (For use of Local Registrar)

City of (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 Viola Porter (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 12, 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>West Porter</u>	(14) NAME BEFORE MARRIAGE <u>Cora Jones</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Springfield</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Springfield</u>
(12) COLOR OR RACE <u>Colored</u>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>49</u> (Years)	(18) AGE AT LAST BIRTHDAY <u>36</u> (Years)
(13) BIRTHPLACE <u>Sc.</u>	(19) BIRTHPLACE <u>Sc.</u>	(20) OCCUPATION <u>Farming</u>	(21) OCCUPATION <u>Domestic</u>
(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(25) (Signature) Marion Taylor
 (26) State whether Physician or Midwife Midwife (27) Address of Physician or Midwife Springfield
 Given name added from a supplemental report
 (28) Witness J. M. L. L. L. (Signature of Witness necessary only when question 23 is signed by mark)
 (29) Filed Sept. 1922 (30) L. M. L. L. 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.