

Form No. 1

## (1) PLACE OF BIRTH

County of

Georgetown

Township of

#4

or

Inc. Town of

Andrews SC

or

City of

Andrews SC

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3921

Registration District No. 2103Registered No. 21  
(For use of Local Registrar)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(No. \_\_\_\_\_) (Give name of same instead of street and number)

## (2) Full Name of Child

Edward Porter

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

1. BOY OR GIRL

Male

2. Twin or Triplet

To be covered only in event of Twin or Triplet

3. Number in order of birth

4. Are Parents Married

No

5. DATE OF BIRTH

Feb. 13, 1923  
(Name of Month) (Day) (Year)

## FATHER

6. FULL NAME

William Porter

7. PRESENT POSTOFFICE OF FATHER

Andrews SC

8. COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25  
(Years)

9. BIRTHPLACE

Williamsburg Co. SC

10. OCCUPATION

Farmhand

12. Number of children born to mother, including present birth

5

## MOTHER

13. NAME BEFORE MARRIAGE

Emma Boockman

14. PRESENT POSTOFFICE OF MOTHER

Andrews SC

15. COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24  
(Years)

16. BIRTHPLACE

Williamsburg Co. SC

18. 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 born alive on the date above stated.(Born alive or stillborn) Hour 2 P. M. M.

(23) (Signature)

Olga Small Midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Andrews SC

(26) Given name added from a supplemental report

(28) Witness

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

(29) Date

Feb. 14, 1923

(30) Local Registrar

Ed. B. Baily

\*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.