

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Spartanburg STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**74815**

Township of .....  
 or  
 Inc. Town of ..... Registration District No. 4008 Registered No. 645  
 or  
 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 ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 23 6  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Berkley Porter  
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg Rd  
 (10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 24  
(Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Butler  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Sarah Walker  
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg Rd  
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 23  
(Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION H.W. & Maid  
 (21) Number of children of this mother now living, including present birth 1

**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) Grace Ferguson  
 (24) State whether Physician or Midwife Mid (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 26 is signed by mark)  
 (27) File Aug 24 1916 (28) E. J. Parker 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 BINDING G.  
 WRITE IN INK, 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 5.  
 McCay, of Columbia.