

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

74815

Registration District No.

Registered No.

(For use of Local Registrar)

(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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(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 (25) Address of Physician or Midwife

Mid

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) Filed Aug 24 1891

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(28) E. F. 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.

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.

McCaw, of Columbia.