

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD  
 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

(1) PLACE OF BIRTH  
 County of Richmond  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Columbia  
 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  
19939

Registration District No. 184 Registered No. 113  
 (For use of Local Registrar)  
 (No. 703 St. 1 Ward)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Porter

(3) BOY OR GIRL BOY (4) Twin or Triplet? No (5) Number in order of birth 1  
 To be answered only in case of Twins or Triplets

(7) DATE OF BIRTH June 28 1942  
 (Month) (Day) (Year)

FATHER.

(8) FULL NAME James Bowman  
 (9) PRESENT POSTOFFICE OF FATHER ?  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY ?  
 (12) BIRTHPLACE Yemassee, S.C.  
 (13) OCCUPATION Soldier  
 (20) Number of children born to mother, including present birth First

MOTHER.

(14) NAME BEFORE MARRIAGE Gosie Porter  
 (15) PRESENT POSTOFFICE OF MOTHER Columbia  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20  
 (18) BIRTHPLACE Columbia  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was 330 at A. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) S. M. M. M. M. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed Jan 25 1942 (28) 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.

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