

## 1. PLACE OF BIRTH

County of UnionTownship of Antiochor  
Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4209

FILE No.—For State Registrar Only

44840Registered No. 17

(For use of Local Registrar)

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 Clara Porter

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

3. BOY OR GIRL Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

Dec 25 1924  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

Lagune Young

9. PRESENT POSTOFFICE OF FATHER

Union S.C.

10. COLOR OR RACE

colored

11. AGE AT LAST BIRTHDAY

19 (Years)

12. BIRTHPLACE

S.C.

13. OCCUPATION

1

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

1

## MOTHER

14. NAME BEFORE MARRIAGE

Emma Lee Porter

15. PRESENT POSTOFFICE OF MOTHER

Antioch S.C.

16. COLOR OR RACE

colored

17. AGE AT LAST BIRTHDAY

18 (Years)

18. BIRTHPLACE

S.C.

19. OCCUPATION

Domestic

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 Born alive at Antioch M.  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature

Clara Walker

24. State whether Physician or Midwife

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 4/211924

28.

J. Adams  
Local Registrar

19. 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 PLAINLY 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 1.

LARK BARKER PRINTING CO.