

(1) PLACE OF BIRTH

County of FlorenceTownship of Carletonvilleor
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

4938

Registration District No. 2002 Registered No. 9
(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child Catie Porter(3) BOY OR GIRL girl (4) Twin or Triplet? ✓ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 25
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Porter(9) PRESENT POSTOFFICE OF FATHER Carletonville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Sumter Co.(13) OCCUPATION mill hand(14) NAME BEFORE MARRIAGE Lotter James(15) PRESENT POSTOFFICE OF MOTHER Carletonville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 3 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Charles Jackson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carletonville

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness Jessie Hattie

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

(27) Filed 191..... (28) Jessie Hattie 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.

MAKES NO RECORD OF BIRTHS IN THE STATE OF SOUTH CAROLINA. IN THE CASE OF TWINS OR TRIPLETS, THE REGISTRAR MUST BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH, AND MUST BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH, AND MUST BE NOTIFIED BY THE FATHER, HOUSEHOLDER, ETC., AT THE TIME OF BIRTH.