

(1) PLACE OF BIRTH
County of Richland
Township of S.P.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. 2318 For State Registrar Only

Inc. Town of Columbia SC Registration District No. 38A Registered No. 506 Washington
(City of Columbia SC (No. 506 Washington St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Sila Porterfield If child is not yet named, make supplemental report as directed:

(3) BOY OR GIRL? boy (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 7 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Sila Porterfield
(9) PRESENT POSTOFFICE OF FATHER Columbia SC
(10) COLOR Colored (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Lexington County
(13) OCCUPATION Taxi Driver
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Bessie Murphy
(15) PRESENT POSTOFFICE OF MOTHER Columbia SC
(16) COLOR Colored (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Orangeburg County
(19) OCCUPATION Housekeep
(20) 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 at H. P. M. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Sila Porterfield
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) 2/7/22 191 (28) EC McInnes (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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