

## (1) PLACE OF BIRTH

County of Florence

Township of .....

or

Inc. Town of Florence

or

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

52122

Registration District No. R-1-A Registered No. 60

(For use of Local Registrar)

1017 St.; Chapel Ward(2) Full Name of Child Thaddeus Jordan

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Mar. 15, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

## MOTHER.

(8) FULL NAME <u>Walter Jordan</u>	(14) NAME BEFORE MARRIAGE <u>Bessie Cannon</u>
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(9) PRESENT POSTOFFICE OF FATHER <u>Florence</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Florence</u>
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(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> <small>(Years)</small>
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(12) BIRTHPLACE <u>Florence</u>	(18) BIRTHPLACE <u>Florence</u>
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(13) OCCUPATION <u>working at the florist</u>	(19) OCCUPATION <u>house work</u>
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(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a.m. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Cannon(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

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

(27) Filed 3/24/16 (28) M. H. Jaeger 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.