

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

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

501

Registration District No. 38 Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child

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? ☒(7) DATE BIRTH February 15, 23

(Name of Month) (Day) (Year)

## FATHER

(8) NAME Frank Elliott Jordan(9) PRESENT POSTOFFICE OF FATHER 905 Woodrow St. Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Windsor, S.C.(13) OCCUPATION Harding Salesman(20) Number of children born to mother, including present birth 3

## MOTHER

(14) NAME Robbie(15) PRESENT POSTOFFICE OF MOTHER 905 Woodrow St. Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Fairfield, S.C.(19) OCCUPATION Housewife(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 alive at 9:35 M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) James H. W. W. W.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1501 Lady St.

Given name added from a supplemental report

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

(27) Date Feb. 19, 1923 (28) James H. W. W. W. Registrar

\*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, a report is desired of stillbirths before the birth date is reported.