

Form No. 10.  
 WRITE PLAINLY. WITH ENLARGING 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 8.  
 McCrory of Columbia.

(1) PLACE OF BIRTH

County of Darlington

Township of High Hill

or  
 Inc. Town of .....

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

45986

Registration District No. 1503

Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child Haller Jordan

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Aug 11 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Haller Jordan</u>			(14) NAME BEFORE MARRIAGE <u>Greg Finnerman</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Darlington Co</u>			(18) BIRTHPLACE <u>Darlington Co</u>	
(13) OCCUPATION <u>Farm Laborer</u>			(19) OCCUPATION <u>Farm Keeper</u>	
(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>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 5 AM. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pharicia D. D. D.

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Darlington

Given name added from a supplemental report

(26) Witness J. S. Howle  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 28 1916 (28) J. S. Howle 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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