

Form No. 1

(1) PLACE OF BIRTH

County of

Orangeburg

Township of

Ellen

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31617

Registration District No.

3605

Registered No.

84

(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Thos. Gordon W.

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

(3) SEX OR
GENDER*Boy*(4) Twin
or Triplet?*No*(5) Number in
order of birth*one*(6) Are
Parents
Married?*yes*(7) DATE OF
BIRTH*Sept. 12, 1918*

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME*Thomas Gordon W.*(9) PRESENT
POSTOFFICE
OF FATHER*Ellen S.C.*(10) COLOR
OR
RACE*negro*(11) AGE AT LAST
BIRTHDAY*19*
(Years)

(12) BIRTHPLACE

N.Y. Co. C.

(13) OCCUPATION

Farm Hand

MOTHER

(14) NAME BEFORE
MARRIAGE*Mary Gordon*(15) PRESENT
POSTOFFICE
OF MOTHER*Ellen S.C.*(16) COLOR
OR
RACE*negro*(17) AGE AT LAST
BIRTHDAY*17*
(Years)

(18) BIRTHPLACE

N.Y. Co. C.

(19) OCCUPATION

Farm Hand(20) Number of children born to
mother, including present birth*one*(21) Number of children of this mother
now living, including present birth*one*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Angie J. Gules

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

*New York*Given name added from a supplement
tal report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mother)

(27) Filed

Sept. 11, 1918

(28)

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.