

(1) PLACE OF BIRTH

County of *Edgefield*

Township of

or

Inc. Town of

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

Registration District No. *1814*

File No. — For State Registrar Only

*8831*Registered No. *13*
(For use of Local Registrar)

(2) Full Name of Child

Roy Brooke Jordan

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

1

(5) Number in order of birth

7

(6) Age at birth

7

(7) DATE OF BIRTH

Feb 12 1948

(8) NAME OF MOTHER

Mrs. K. K. K.

(9) FULL NAME

B. A. Jordan

(10) PRESENT POSTOFFICE OF FATHER

Edinburgh S.C.

(11) COLOR OR RACE

White

(12) AGE AT LAST BIRTHDAY

32

(13) BIRTHPLACE

Edinburgh S.C.

(14) OCCUPATION

Farmer

(15) NAME BEFORE MARRIAGE

Mrs. K. K. K.

(16) PRESENT POSTOFFICE OF MOTHER

Edinburgh S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

30

(19) BIRTHPLACE

Edinburgh S.C.

(20) OCCUPATION

Homemaker

(21) Number of children born to mother, including present birth

Seven

(22) Number of children of this mother now living, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born* at *7 A.* M., on the date above stated. (Hour, M. or P. M.)

(24) (Signature)

E. J. Jordan M.D.

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife

Even name added from a supplemental report

(27) Witness

(Signature of Witness necessary only when person is to signed by mar)

*April 9, 1948**L. L. Maxwell*

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as a birth. No report is desired of stillbirths.

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