

FORM NO. 2.

(1) PLACE OF BIRTH

County of Williamburg  
 Township of Jakura  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
87793

Registration District No. 4304 Registered No. 164  
 (For use of Local Registrar)

(2) Full Name of Child James Walker Gordon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 27, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walker Gordon  
 (9) PRESENT POSTOFFICE OF FATHER Hemmgway Sc.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Sc.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Ida James  
 (15) PRESENT POSTOFFICE OF MOTHER Hemmgway Sc.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House wife  
 (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 born at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Molly Hibbard Hemmgway Sc.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
 ..... 181 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 8 1916 (28) L. E. Gid 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.

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING 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 5.  
 McCaw, of Columbia.