

52/23

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Register
3845

(1) PLACE OF BIRTH
County of Florence
Township of Cherokee
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2003 Registered No. 5
(For use of Local Registrar)

(2) Full Name of Child Felty Jordan If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>To be immediately in care of Mother or Father</u>	(5) Number in order of birth <u>4</u>	(6) Age of Mother <u>40</u>	(7) DATE OF BIRTH <u>May 25, 1903</u> (Month & Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Felty Jordan</u>			(14) NAME BEFORE MARRIAGE <u>Archie Packard</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Florence, S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>6 Loring St., Florence, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) BIRTHPLACE <u>South Carolina</u>			(17) BIRTHPLACE <u>South Carolina</u>	
(12) OCCUPATION <u>Farmer</u>			(18) OCCUPATION <u>Dom.</u>	
(13) Number of children born to mother, including present birth <u>1</u>			(19) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (How A. M. or P. M.)
on the date above stated.

(21) (Signature) Samuel J. [illegible]
(22) State South Carolina (23) Address of physician or midwife
5 [illegible] St., Florence, S.C.

(24) Witness (Signature of Witness, necessary only when question 21 is signed by mark)
Mrs. [illegible]

(25) Date May 25, 1903

When child is born, the mother shall be examined by a physician or midwife, and if a child is born, the mother shall be examined by a physician or midwife.