Form No. 1

(1) PLACE OF BIRTH

County of Florence

Township of Cairo

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
24412

Registration District No. 2001 Registered No. 69
(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 Rebecca Gordon — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Aug 31 1923 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Buck Gordon	(14) NAME BEFORE MARRIAGE	Isabella Gordon
(9) PRESENT POSTOFFICE OF FATHER	Pamplico	(15) PRESENT POSTOFFICE OF MOTHER	Pamplico
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	30	(17) AGE AT LAST BIRTHDAY (Years)	25
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farmer	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	5	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sylvia Mack

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Pamplico

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept. 6 1923 (28) W. H. Poston
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.

WRITE PLAINLY, WITH UNFADING INK. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.