

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Lowrieor
Inc. Town of CastonCity of D

(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

36300

Registration District No. 3803Registered No. 244

(For use of Local Registrar)

(2) Full Name of Child

Joe Gordon

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Oct 24, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edwin Gordon

(9) PRESENT POSTOFFICE OF FATHER

Caston S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

Caston S.C.

(13) OCCUPATION

Farming

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lena Taylor

(15) PRESENT POSTOFFICE OF MOTHER

Caston S.C.

(16) COLOR OR RACE

Color

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Caston S.C.

(19) OCCUPATION

House Keeping

(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 alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) - (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Emma Rawlins

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/2419 22

(28)

Dr. J. H. ...

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.

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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

State of South Carolina
County of Richland.

Personally appeared before me, a Notary Public for and in the State of South Carolina came Carrie Pressley who being duly sworn deposes and says that upon examination of the birth record of Lila Goodwin, her niece now on file at the S. C. State Board of Health she finds that the date of birth is incorrect since it is put down as Oct. 24th 1922 when it should have been May 28th, 1922. The deponent states she knows the latter date to be correct because the child was born when said deponent was chopping cotton at the time the child was born - this work being done in May of each year. Whereas, she requests that above correction be made on the certificate of her Niece Lila Goodwin.

Sworn to and subscribed before
me this 28th day of June 1938.

Thery A. Rainer
Notary Public of S. C.

Carrie Pressley