

(1) PLACE OF BIRTH

County of Charleston
Township of Allegadah
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
23933

Registration District No. Registered No. (10)
(For use of Local Registrar)

City of (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 Nelanda 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 25 1933
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Richard. Murphy Jordan
(9) PRESENT POSTOFFICE OF FATHER Myrtle SC V-2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ella M. Diggers
(15) PRESENT POSTOFFICE OF MOTHER Myrtle R-3
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:20 P. M. on the date above stated. (Dead, alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Howard
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Myrtle SC

Given name added from a supplemental report
.....
.....
..... 19

(26) Witness (Signature of Witness necessary only when question 23 is signed by birth)
(27) Filed 19 (28) J. F. Aldrich 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 reports desired of stillbirths before the fifth month of pregnancy.