

(1) PLACE OF BIRTH

County of Wm.burgTownship of Wm.burg

Inc. Town of

City of

(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 HealthRegistration District No. 4307 Registered No. 30
(For use of Local Registrar)(2) Full Name of Child Mattie Gordon (If child is not yet named, make supplemental report as directed)

(3) SEX GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH <u>July 4, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME John Gordon(9) PRESENT POSTOFFICE OF FATHER Wm.burg(10) COLOR OR RACE W. hite (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Wm.burg(13) OCCUPATION Wm.burg

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Gordon(15) PRESENT POSTOFFICE OF MOTHER Wm.burg(16) COLOR OR RACE W. hite (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Wm.burg Co.(19) OCCUPATION Wm.burg(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Hanna (24) State whether Physician or Midwife (25) Address Andrews St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 10, 1923 (28) J. E. Grier 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.