

Form No. 1

(1) PLACE OF BIRTH

County of McCormick
Township of Berkeley
or
Inc. Town of Wellington
or
City of

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(2) Full Name of Child

James Gordon

File No. — For State Registrar Only
21794

3. BOY OR GIRL

girl

4. Twin or Triplet?

To be answered only if birth is Twin or Triplet

5. Are Parents Married?

yes

6. DATE OF BIRTH

July 7, 1928
(Name of Month) (Day) (Year)

FATHER

7. FULL NAME

James Gordon

8. PRESENT POSTOFFICE OF FATHER

Charleston S.C.

9. COLOR OR RACE

Negro

10. AGE

27

11. BIRTHPLACE

Dandridge

12. OCCUPATION

Public Clerk

13. Number of children born to mother, including present birth

1

MOTHER

14. NAME BEFORE MARRIAGE

Lora Lode

15. PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

16. COLOR OR RACE

Negro

17. AGE AT LAST BIRTHDAY

24

18. BIRTHPLACE

Bonham - S.C.

19. OCCUPATION

Housewife

20. Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) Signature

Hollie Trotter

(23) Whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife Wellington S.C.

Given name added from a supplemental report

Witness

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

19. Registrar

Filed

19

(25)

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 be reported as stillborn. No report is desired of stillbirths occurring after the fifth month of pregnancy.