

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Vanice
 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

36027

Registration District No. 3618 Registered No. 7069
 (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 Allen DeWay Gordon (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Allen Gordon(9) PRESENT POSTOFFICE OF FATHER Parler S C(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 23
 (Year)(12) BIRTHPLACE S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lorene Oliver(15) PRESENT POSTOFFICE OF MOTHER Parler S C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
 (Year)(18) BIRTHPLACE S C(19) OCCUPATION Homemaker(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 Boy alive at P.A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Lavina Shuler(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parler S C

Given name added from a supplemental report

(26) Witness A.C. Dantley
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 9 1922 (28) W.A. Dantley
 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.