

(1) PLACE OF BIRTH

County of EdgefieldTownship of Black

OF

Inc. Town of

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 Health

Registration District No. 1801

File No. — For State Registrar Only

30011

Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child

Bernice Gordon

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth 1

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 2, 22

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

(8) FULL NAME C. P. Gordon

FATHER

(9) PRESENT POSTOFFICE OF FATHER Charlotte N. C.(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE S. C.(13) OCCUPATION Working for Railroad

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

2(14) NAME BEFORE MARRIAGE Phyllis Morgan

MOTHER

(15) PRESENT POSTOFFICE OF MOTHER Pleasant Lane S. C.(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE S. C.(19) OCCUPATION House wife

(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 Bernice at P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Ripley

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Pleasant Lane S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 4, 22

(28)

Local Registrar

18 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.