

(1) PLACE OF BIRTH

County of Auderson  
Township of Carter  
or  
Inc. Town of De P.C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

REGISTRATION DISTRICT NO. 3. R. 4 Registered No. 114  
(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 Hilda Louise Jordan If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) AGE OF CHILD 4 (5) DATE OF BIRTH May 9, 1923  
(Name of Month) (Day) (Year)

FATHER. (6) FULL NAME John James Jordan (7) MOTHER. (8) NAME BEFORE MARRIAGE Ernie Barker  
(9) PRESENT RESIDENCE OF FATHER De P.C. (10) PRESENT RESIDENCE OF MOTHER De P.C.  
(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 43 (13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 39  
(15) BIRTHPLACE S.C. (16) BIRTHPLACE S.C.  
(17) OCCUPATION Supt Cotton Mill (18) OCCUPATION House wife  
(19) Number of children born to mother, including present one 11 (20) Number of children of this mother now living, including present one 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... at 4 A.M. on the date above stated. (Sign alive condition) (Hour A. M. or P. M.)  
(22) (Signature) E. H. Barker M.D.  
(23) State whether Physician or Midwife (24) Address of Physician or Midwife De P.C.

Given name added from a supplemental report  
(25) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(26) Signed May 10, 1923 (27) S. M. McAdams 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.

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