

Form No. 1.

(1) PLACE OF BIRTH:

County of JeffersonTownship of 8Inc. Town of RidgewayCity of (No.)

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

(2) Full Name of Child Willie Gordon(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? No(7) DATE OF BIRTH Aug. 29(8) FULL NAME Lester Gordon(9) PRESENT POSTOFFICE OF FATHER Ridgeway S.C.(10) COLOR OR RACE Colored(11) BIRTHPLACE South Carolina(12) OCCUPATION Railroad Work(13) Number of children born to mother, including present birth One(14) NAME BEFORE MARRIAGE Hattie Richardson(15) PRESENT POSTOFFICE OF MOTHER Ridgeway S.C.(16) COLOR OR RACE Colored(17) BIRTHPLACE S.C.(18) OCCUPATION Farming(19) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 10 am on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Midwife James Lee Ridgeway S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Hester Richardson(27) Filed 191(28) 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.

WRITED PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.
State of Columbia