

(1) PLACE OF BIRTH

County of Dorchester
 Township of Collins
 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

18422

Registration District No. 1706 Registered No. 12
 (For use of Local Registrar)

(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 Henry Gordon Jr. If child is not yet named, make supplemental report as directed

3. BOY OR GIRL male 4. Twin or Triplet? X 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH June 28, 22
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Henry Gordon
 9. PRESENT POSTOFFICE OF FATHER Pavennells, S.C.
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 42
 12. BIRTHPLACE Dorchester Co
 13. OCCUPATION Farming
 14. Number of children born to mother, including present birth 9

MOTHER.

14. NAME BEFORE MARRIAGE Sarah Edwards
 15. PRESENT POSTOFFICE OF MOTHER Pavennells, S.C.
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 41
 18. BIRTHPLACE Dorchester Co
 19. OCCUPATION House Wife
 20. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was. Rom A. Lin at 9 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 7, 1922 (28) R. Y. Bayle
 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.