

(1) PLACE OF BIRTH

County of Chester
Township of Chester
or
Inc. Town of
or
City of (No. St. Ward)
(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

File No. — For State Registrar Only

31613

Registration District No. 1107 Registered No. 125
(For use of Local Registrar)

(2) Full Name of Child

William Lee Jordan

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

(3) Boy (4) Boy (5) 1 (6) Yes (7) DATE OF BIRTH Sept. 9, 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm Washington Jordan

(14) NAME BEFORE MARRIAGE Carrie Lee Foster

(9) PRESENT POSTOFFICE OF FATHER Chester S.C. Star Route

(15) PRESENT POSTOFFICE OF MOTHER Chester S.C. Star Route

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 15 (Years)

(12) BIRTHPLACE Chester Co.

(18) BIRTHPLACE Chester Co.

(13) OCCUPATION Farmer

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1

(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 alive at 2:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. M. Wythe (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Chester S.C.

Given name added from a supplemental report

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

(27) Filled 10/10/23 (28) [Signature] 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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