

(1) PLACE OF BIRTH

County of AlbemarleTownship of Lee

or

Inc. Town of

or

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

File No.—For State Registrar Only

17629

Registration District No. 2008Registered No. 12

(For use of Local Registrar)

2) Full Name of Child Freeland Jordan

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

BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 32

(Name of Month) (Day) (Year)

FATHER.

FULL NAME Freel B. JordanPRESENT POSTOFFICE OF FATHER Lake City S.C. Route 1COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE McCormick S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was alive at 1:30 P.M. on the date above stated.(23) (Signature) M. L. Whitehead(24) State whether Physician or Midwife Phys. (25) Address of Physician or Midwife Lake City S.C.

(26) Witness

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

(27) Filed 6/19/28(28) R. L. Carter

Local Registrar

If 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.

When there was no attending physician or midwife, still 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.