Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of No. 4

or Inc. Town of Andrews SC

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

Registration District No. 2103

File No.—For State Registrar Only
24492

Registered No. 105
(For use of Local Registrar)

St. ..... Ward)

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

(2) Full Name of Child Evelyn Elizabeth Gordon

(3) Sex of Child: Female

(4) Twin or Triplet

(5) Number in order of birth: 9-0

(6) If Twin or Triplet, this to be reported only in event of Twins or Triplets

(7) Date of Birth: (Name of Month) (Day) 12 (Year) 23

FATHER

(8) Full Name: Charles Gordon

(9) Present Postoffice of Father: Andrews SC

(10) Color or Race: Negro

(11) Age at Last Birthday: 24 (Years)

(12) Birthplace: Coffee County Ga

(13) Occupation: Section Hand S.A.L.Ry

(20) Number of children born to mother, including present birth: 5

MOTHER

(14) Name before Marriage: Martha Harris

(15) Present Postoffice of Mother: Andrews SC

(16) Color or Race: Negro

(17) Age at Last Birthday: 22 (Years)

(18) Birthplace: Clayton County Ga

(19) Occupation: Cook

(21) 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 born alive (or stillborn) at 6 9 A.M., P.M. (Eastern Standard Time) on the date above stated.

(23) (Signature) Charles Gordon Father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Andrews SC

Given name added from a supplemental report

..... 19....

Registrar

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

(27) Filed Aug 12 1923 (28) H. C. Bailey 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.

Duties of Coroners, Coroners, S. C.

H. 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.

WRITE PLAINLY WITH PEN AND INDELIBLE INK—THIS IS A PERMANENT RECORD.