

## (1) PLACE OF BIRTH

County of AndersonTownship of Beltouor  
Inc. Town of .....or Beltou S.C.

(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

28729

Registration District No. 300 Registered No. 139  
(For use of Local Registrar)(2) Full Name of Child George Harrison Jordan

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3<sup>rd</sup></u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 4, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME John Harrison Jordan(9) PRESENT POSTOFFICE OF FATHER Beltou S.C. R7D 4(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Greenville Co., S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE May Bell Gilbreath(15) PRESENT POSTOFFICE OF MOTHER Beltou S.C. R7D 4(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Anderson Co., S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. G. Jordan(24) State whether Physician or Midwife(25) Address of Physician or Midwife Beltou, S.C.

Given name added from a supplemental report

See file 3-2-48  
19 11  
Registrar

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

(27) File Oct 4, 1922 (28) Mrs. J. A. Jordan 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.