

(1) PLACE OF BIRTH

County of *Monroe*Township of *Texas Bay*Inc. Town of *or*City of *(No. St.)*

(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.

Division of Vital Statistics

State Board of Health

File No.—For State Registrar Only

55885

Registration District No. *2012*Registered No. *21*

(For use of Local Registrar)

(2) Full Name of Child *Evelyn Jordan*

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

(3) BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are you Parents Married?

(7) DATE BIRTH *April 16 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Houers Jordan

(9) PRESENT POSTOFFICE OF FATHER

Bamboo Lane(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE

D.C.

(13) OCCUPATION

Farmer

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

{ *1* }

MOTHER.

(14) NAME BEFORE MARRIAGE

Francis Williams

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *19* (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(20) 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 *born* at *1 P.M.* (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Houers Jordan

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed *April 19 1916**1916*

(28)

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.

MAKING REPRODUCED FOR PRINTING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N.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.

McCaw, of Columbia.