

Form No. 1

(1) PLACE OF BIRTH

County of Marion
 Township of Richland
 Inc. Town of
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 3305

No. 161 For State Registrar Only

Registered No. 27
 (For use of Local Registrar)

(2) Full Name of Child Lorra Lee Jordan
 (If birth occurs in a hospital or other institution give name of same instead of street and number)

1. SEX Girl
 2. DATE OF BIRTH Feb 4, 1923
 3. TIME OF BIRTH 10
 4. PLACE OF BIRTH Home
 5. NAME OF BIRTH PLACE Home

6. FULL NAME OF FATHER John Wilson
 7. PRESENT POSTOFFICE OF FATHER McQueen SC
 8. COLOR OR RACE Negro
 9. AGE AT LAST BIRTHDAY 25
 10. OCCUPATION Farmer

11. FULL NAME OF MOTHER Mollie Jordan
 12. PRESENT POSTOFFICE OF MOTHER McQueen SC
 13. COLOR OR RACE Negro
 14. AGE AT LAST BIRTHDAY 15
 15. OCCUPATION Farmer

16. Number of children born to mother, including present birth 1

17. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Lorra Lee Jordan on the date above stated.

(29) (Signature) Mary D. Hall
 (30) State South Carolina Physician or Midwife
 (31) Address of Physician or Midwife Marion, S.C.

Given name added from a supplementary report

(32) Witness J. H. M. M. M.
 (33) Date Feb 24, 1923
 (34) Local Registrar

When these reports are received, the father, householder, etc., should make this return to the local registrar as required by law. No report is desired of children born before the month of pregnancy.