

MARGIN RESERVED FOR BINDING.
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.

(1) PLACE OF BIRTH

County of Cherokee
Township of Landisville
OR
Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

76270

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Mary Jordan { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 2, 1914</u> (Name of Month) (Day) (Year)
------------------------------	---	---------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME John Jordan

(9) PRESENT POSTOFFICE OF FATHER Seatawba

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Dyl

(15) PRESENT POSTOFFICE OF MOTHER Seatawba

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farming

(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 white at 10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Mary J. Smith
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name added from a supplemental report
....., 191.....
..... Registrar(26) Witness John Jordan
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 10/9.....1914. (28) A. G. West 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.