

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3715

Registration District No. 1207... Registered No. 8  
(For use of Local Registrar)(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

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

(3) BOY OR GIRL Girl	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Jan 31 1922 (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Mr. Carter Jordan.			(14) NAME BEFORE MARRIAGE Olie Sandon	
(9) PRESENT POSTOFFICE OF FATHER Rockingham A.C.			(15) PRESENT POSTOFFICE OF MOTHER Patuck S.C.	
(10) COLOR OR RACE Caucasian			(16) COLOR OR RACE Caucasian	
(11) AGE AT LAST BIRTHDAY 35 (Years)			(17) AGE AT LAST BIRTHDAY 24 (Years)	
(12) BIRTHPLACE Chesterfield County			(18) BIRTHPLACE Couson Co. N.C.	
(13) OCCUPATION Mill Laborer.			(19) OCCUPATION Housewife.	
(20) Number of children born to mother, including present birth 13 Three			(21) Number of children of this mother now living, including present birth 13 Three	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... at 12:05 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Henry B. Corraan M.D.  
(24) State whether Physician or Midwife  
Physician (25) Address of Physician or Midwife  
Patuck S.C.

Given name added from a supplemental report

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

(27) Filed July 12 1922 (28) L. H. Meeks 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.

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