

(1) PLACE OF BIRTH

County of Chesterfield
Township of Steer Steer
Inc. Town of.....
or
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 <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 31 19 22</u> (Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Mr Carter Jordan</u>			(14) NAME BEFORE MARRIAGE <u>Alie Sanderson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Rockingham A.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Patrick S.P.</u>	
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(16) COLOR OR RACE <u>Caucasian</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Chesterfield County</u>			(18) BIRTHPLACE <u>Cannon Co. N.C.</u>	
(13) OCCUPATION <u>Mill Laborer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>(3) Three</u>			(21) Number of children of this mother now living, including present birth <u>(3) Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive at. 12:05 PM.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Wm B Carrigan M.D.
(24) State whether Physician or Midwife
Physician (25) Address of Physician or Midwife
Patrick S.P.

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 19 22 (28) L. H. Price
Registrar 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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RECORDS OF COLUMBIA, COLUMBIA, S. C.

BIRTH

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