WRITE PLAINLY. USE UNFADING INK.

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 3.

Bureau of Columbia, S. C.

(1) PLACE OF BIRTH

County of Chesterfield

Township of Old Town

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 3450

Registration District No. 126 Registered No. 19
(For use of Local Registrar)

(2) Full Name of Child Anna Jordan

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

(3) BOY OR GIRL: Girl | Twin or Triplet: Twin | (5) Number in order of birth: 1st | (10) Are Parents Married: Yes | (7) DATE OF BIRTH: Feb 25 1923 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: Lee Jordan

(9) PRESENT POSTOFFICE OF FATHER: Cheraw S.C.

(10) COLOR OR RACE: White | (11) AGE AT LAST BIRTHDAY: 37 (Years)

(12) BIRTHPLACE: S.C.

(13) OCCUPATION: Farmer

(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) MAIDEN NAME: Dora Ingram

(15) PRESENT POSTOFFICE OF MOTHER: Pageland S.C.

(16) COLOR OR RACE: White | (17) AGE AT LAST BIRTHDAY: 35 (Years)

(18) BIRTHPLACE: S.C.

(19) OCCUPATION: Home Keeping

(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9.30 P. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lilla Cheves

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed 2/28/23 1923 (28) G. W. Cunningham Jr.
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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