Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
17376

(1) PLACE OF BIRTH

County of Aiken

Township of Langley
or
Inc. Town of .....
or
City of Langley (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 17 Registered No. 33
(For use of Local Registrar)

(2) Full Name of Child Elsa Gorden (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —
(5) Number in order of birth 1
To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH January 6 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lee Gorden

(9) PRESENT POSTOFFICE OF FATHER Langley Sc

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Gazon City Miss

(13) OCCUPATION cotton mill work

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Rachel White

(15) PRESENT POSTOFFICE OF MOTHER Langley Sc

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE Woburn Miss

(19) OCCUPATION Domestic

(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 Born alive at 10 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet L Edwards

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Langley Sc

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 July 1 1927 (28) L. Lang Bradley
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.

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, Columbia, S. C.