

(1) PLACE OF BIRTH

County of Charleston....

Township of

Inc. Town of

City of Charleston....

(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

27426

Registration District No. 9.A... Registered No.

(For use of Local Registrar)

(No. 51 Charlotte... St.; ... Ward)(2) Full Name of Child Frederick Jordan, Jr.... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 8th. 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) NAME
Frederick Jordan(9) PRESENT POSTOFFICE OF FATHER
Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 Yrs (Year)(12) BIRTHPLACE
Georgia(13) OCCUPATION
Jordan Music Co.(14) Number of children born to mother, including present birth
Two

MOTHER.

(14) NAME BEFORE MARRIAGE
Maria Hydrick Wolfe(15) PRESENT POSTOFFICE OF MOTHER
Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)(18) BIRTHPLACE
Orangeburg, S.C.(19) OCCUPATION
Housewife(20) Number of children of this mother now living, including present birth
Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born Alive... at 7:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour, A.M., or P.M.)(22) (Signature) T. C. Brewster

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is answered by mark)

(26) Filed 10/2 1923 J. H. Hume 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.