

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.  
 McCaughey & Columbia, Columbia, S. C.

**(1) PLACE OF BIRTH**  
**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health  
 County of Abbeville  
 Township of Fairwood Hill  
 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.)  
 Registration District No. 104 Registered No. 19  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**12540**

**(2) Full Name of Child** Norman Gordon (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 3 1923</u> (Month) (Day) (Year)
<b>FATHER</b>			<b>MOTHER</b>	
8) FULL NAME <u>Chas Gordon</u>	14) NAME BEFORE MARRIAGE <u>Ruth Jacob</u>		15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville SC</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Abbeville SC</u>	10) COLOR OR RACE <u>Cauc</u>	11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	16) COLOR OR RACE <u>Cauc</u>	17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
12) BIRTHPLACE <u>Abbeville Co</u>	18) OCCUPATION <u>Farming</u>		19) BIRTHPLACE <u>Abbeville Co</u>	20) OCCUPATION <u>Teacher</u>
20) Number of children born to mother, including present birth <u>2</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was Norman Gordon at 9:00 A. M., on the date above stated.  
 (Born alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Becken  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife  
Mid Wagon Abbeville SC

(26) Given name added from a supplemental report

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

(28) Filed 5/7 1923 (29) J. M. Patton 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.