

Form No. 1

## (1) PLACE OF BIRTH

County of Calhoun  
 Township of Lions  
 or  
 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  
**41159**

Registration District No. 802 Registered No. 141  
 (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 John Wesley Gordin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married No (7) DATE OF BIRTH Dec. 17, 22  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Wesley Gores

(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Extra force work

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Gordin

(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26  
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farm work

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) X St. Matthews  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife St. Matthews, S.C.

Given name added from a supplemental report

(26) Witness W. H. Keller  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Dec. 20, 1922 (28) W. H. Keller  
 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breather even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.