

Form No. 1.

(1) PLACE OF BIRTH  
County of Calhoun  
Township of Amelia  
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**  
BUREAU OF VITAL STATISTICS  
State Board of Health

File No. — For State Registration  
**48243**

Registration District No. 800 Registered No. 17  
(For use of Local Registrar)

(2) Full Name of Child George Gordon 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) Are Parents Married? No (7) DATE OF BIRTH July 12 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Daniel Brandon  
(9) PRESENT POSTOFFICE OF FATHER St. Matthews St  
(10) COLOR OR RACE Ways (11) AGE AT LAST BIRTHDAY 33 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Iron Labor  
(14) Number of children born to mother, including present birth 4

MOTHER.  
(15) NAME BEFORE MARRIAGE Clara Grant  
(16) PRESENT POSTOFFICE OF MOTHER St. Matthews St  
(17) COLOR OR RACE Ways (18) AGE AT LAST BIRTHDAY 24 (Years)  
(19) BIRTHPLACE South Carolina  
(20) OCCUPATION Iron Labor  
(21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. H. H. H. H.  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews St

Given name added from a supplemental report  
....., 191....  
.....  
Registrar

(26) Witness W. H. H. H. H.  
(Signature of witness necessary only when question 22 is signed by mark)  
(27) Filed July 12 (28) W. H. H. H. H. 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.

MARGIN RESERVED FOR BINDING. WHITE 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.