

Form No. 1

(1) PLACE OF BIRTH

County of Henry  
Township of Leunoy  
or  
Inc. Town of .....  
or  
City of .....  
(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. 77525 For State Registrar Only

Registration District No. 2502 Registered No. 137  
(For use of Local Registrar)

(2) Full Name of Child Jeff Millard

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? yes (7) DATE OF BIRTH Sept 12, 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie A. Jordan

(9) PRESENT POSTOFFICE OF FATHER Allen SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Henry Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Jordan

(15) PRESENT POSTOFFICE OF MOTHER Allen SC

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Henry Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A.M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phoebe Hickman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Mid wife Allen SC

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Sept 16, 1916 (28) J. D. Dyer 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. 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 number the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, O. Columbia