

Form No. 1

(1) PLACE OF BIRTH

County of HamptonTownship of Lawleror
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Loruth Nathaniel Gordon

File No.—For State Registrar Only

18977

Registration District No 2401 Registered No. 56
(For use of Local Registrar)(3) BOY OR
GIRL? GIRL(4) Twin
or Triplet? X

To be answered only in event of Twins or Triplets

(5) Number in
order of birth 2(6) Are
Parents
Married? No

(7) DATE OF

BIRTH May 2 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Winniford Gordon(9) PRESENT
POSTOFFICE
OF FATHER Furness(10) COLOR
OR
RACE Col(11) AGE AT LAST
BIRTHDAY 26
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Labar(20) Number of children born to
mother, including present birth 2

MOTHER.

(14) NAME BEFORE
MARRIAGE Sola Orr(15) PRESENT
POSTOFFICE
OF MOTHER Furness(16) COLOR
OR
RACE Col(17) AGE AT LAST
BIRTHDAY 24
(Years)(18) BIRTHPLACE SC(19) OCCUPATION 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 born alive at 11 a. M.
on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)(23) (Signature) Carol Ann Gordon(24) State whether Physician or Midwife (25) Address of Physician or Midwife Furness SCGiven name added from a supplement
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mother)(27) Filed 5/20 1922

(28)

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.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.