

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville

or
 Inc. Town of
 or
 City of (No.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

5586

Registration District No. 100 Registered No. 14
 (For use of Local Registrar)

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

2) Full Name of Child Jordan White Campbell Graydon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth
 To be answered only in event of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Mar. 7 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Renald Graydon

(9) PRESENT POST OFFICE OF FATHER Abbeville, S.C.

(10) COLOR OR RACE W.C. (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE D.C.

(13) OCCUPATION Farmer

(14) Number of children born to at birth

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Childs Campbell

(15) PRESENT POST OFFICE OF MOTHER Abbeville, S.C.

(16) COLOR OR RACE W.C. (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE D.C.

(19) OCCUPATION Housewife

(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 (Born alive or stillborn) 8 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. J. Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 10, 1923 (28) W. J. Anderson Local Registrar

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

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THIS IS A PERMANENT RECORD. BLANKS FOR EACH CHILD, AND MARK THE

Only

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Vard)

nake
stedP.M.,
P.M.)

Wife

x
tr.