

REGISTRATION RECORD.
TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Sumter
Township of Middle
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.)

(2) Full Name of Child Alvin Leroy Jordanham {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>34</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 28 1922</u> (Month) (Day) (Year)
FATHER (8) FULL NAME <u>William Jordanham</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Agatha Jones</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>By Dahall</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sageville SC R30</u>	
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>OC</u>		(18) BIRTHPLACE <u>PC</u>		
(13) OCCUPATION <u>Teacher</u>		(19) OCCUPATION <u>Teacher</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alvin Leroy Jordanham on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.) 5:00 M.

(23) (Signature) M. L. Jordanham
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wagfield

Given name added from a supplemental report
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..... 19

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Jun 30 1922 (28) M. L. Jordanham 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.