

(1) PLACE OF BIRTH
 County of York
 Township of Bethesda
 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
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
47731

Registration District No. 4401 Registered No. 129
 (For use of Local Registrar)

(2) Full Name of Child Stella Gordon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>1</u> <small>(Take account only in case of twins or triplets)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 13, 1906</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Henry Gordon</u>			(14) NAME BEFORE MARRIAGE <u>Mary Gordon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>York # 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>York # 3</u>	
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Blk</u>	
(11) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>York Co.</u>			(18) BIRTHPLACE <u>York Co.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House & field labor</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 at M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
Mary Gordon
 (23) (Signature) Mary Gordon
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Jan 18, 1906

(28)

S. H. Love

Local Registrar

Local Registrar

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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia

*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.