

(1) PLACE OF BIRTH

County of *Darlington*

Township of

OR
Inc. Town of *Kearsville*OR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. *15B*

File No.—For State Registrar Only

41937

Registered No. *1251*
(For use of Local Registrar)(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 *Annie Corbin Gordon*

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF

BIRTH *12 2 22*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J. A. Gordon

(9) PRESENT POSTOFFICE OF FATHER

Kearsville S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Darlington Co. S.C.

(13) OCCUPATION

Corbenter

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Bennett

(15) PRESENT POSTOFFICE OF MOTHER

Kearsville S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31
(Years)

(18) BIRTHPLACE

Athens Ga.

(19) OCCUPATION

House Wife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9:30 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. Beckman*

(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) Filed *Jan 9 23*(28) *M. J. McKee*

Local Registrar.

*When there was no attending physician or midwife, then the father, or usholder, 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.

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