

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.

MEGAY OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Roanoke
Township of Magalos
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

19614

Registration District No. 3505

Registered No. 94
(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 Barnie Jordan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 5 22
(Same of Month) (Day) (Year)

FATHER.
(8) FULL NAME George W. Jordan
(9) PRESENT POSTOFFICE OF FATHER Westminster S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40
(Years)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE May E. Kelley
(15) PRESENT POSTOFFICE OF MOTHER Same
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)
(18) BIRTHPLACE Georgia
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was White at 4:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. T. Simpson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster S.C.

Given name added from a supplemental report

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

(27) Filed July 6 1922 (28) W. H. H. H. 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.

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