

(1) PLACE OF BIRTH

County of Tamulid.

Township of

Inc. Town of No. 2

City of

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

(2) Full Name of Child Will Gordon

File No. - For State Registrar Only

24310

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 121 Registered No. 145

(For use of Local Registrar)

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Gordon

(9) PRESENT POSTOFFICE OF FATHER

White Oak

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(15) NAME BEFORE MARRIAGE

Ideal Vickett

(16) PRESENT POSTOFFICE OF MOTHER

White Oak S.C.

(17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY

18

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Farmer

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

(23) (Signature)

(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 Aug 29 1923(28) W. H. Williams

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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8. Bureau of Census, Columbia, S. C.