

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Cedar Springs

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ....) (St.; ....) (Ward) .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

62775

Registration District No. 103 Registered No. 2

(For use of Local Registrar)

(2) Full Name of Child William Jordan } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 1<sup>st</sup> 1916  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER. MOTHER.

(8) FULL NAME John David Jordan (14) NAME BEFORE MARRIAGE Fannie Latimer(9) PRESENT POSTOFFICE OF FATHER Abbeville R. 4 (15) PRESENT POSTOFFICE OF MOTHER Abbeville R. 4(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32  
(Years) (Years)(12) BIRTHPLACE Abbeville Co. (18) BIRTHPLACE Abbeville Co(13) OCCUPATION Farmer (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6 A. M.(23) (Signature) L. M. Wallard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Abbeville R. 4

Given name added from a supplemental report

, 191.....

Registrar

(26) Witness Sue Hardlaw  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 24 June 1916 (28) S. M. Hardlaw  
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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCraw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

THIS IS A PERMANENT RECORD.