

(1) PLACE OF BIRTH

County of AbbevilleTownship of Cedar Spring

Inc. Town of

City of

(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

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 1st 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John David Jordan(9) PRESENT POSTOFFICE OF FATHER Abbeville R. 4(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Abbeville Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Latimer(15) PRESENT POSTOFFICE OF MOTHER Abbeville R. 4(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Abbeville Co(19) OCCUPATION Housewife(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.)(23) (Signature) L. M. Wardlaw(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Abbeville R. 4

Given name added from a supplemental report

(26) Witness Sue Wardlaw (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

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia