

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

16975

Registration District No. 9 ARegistered No. 842

(For use of Local Registrar)

2) Full Name of Child Maud Lila Jordan

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

(1) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Jordan(14) NAME BEFORE MARRIAGE Eloise Wilson(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(10) COLOR OR RACE B(11) AGE AT LAST BIRTHDAY 34

(Years)

(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Charleston S.C.(18) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(19) OCCUPATION Domestic(21) Number of children born to mother, including present birth 3(22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour M. P.M.)(24) (Signature) John H. D.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife

Given name added from a supplemental report

(27) Witness

(Signature of Witness necessary when question 23 is answered "yes") John H. D.(28) Filed 16975

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.

1 over

16975 Price