

(1) PLACE OF BIRTH

County of Auderson
 Township of Cornet
 or
 Inc. Town of

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

File No.—For State Registrar Only

6438

Registration District No. 3.0.4 Registered No. 31
 (For use of Local Registrar)

City of 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 Crawford Jordan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 27 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Tom Jordan
 (9) PRESENT POSTOFFICE OF FATHER Ira
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21
 (Years)
 (12) BIRTHPLACE Abbeville Co
 (13) OCCUPATION Farming
 (14) NAME BEFORE MARRIAGE Leona Braxton
 (15) PRESENT POSTOFFICE OF MOTHER Ira
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE Auderson Co
 (19) OCCUPATION Housewife
 (20) Number of children born to mother, including present birth 2
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Jordan
 (24) State whether Physician or Midwife Midwife (25) Address of Physn or Midwife Ira

Given name added from a supplemental report

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

(27) Filed Mar 29 1922 (28) D. M. McAdams 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.