

## (1) PLACE OF BIRTH

County of Rich

Township of .....

Inc. Town of .....

City of Cola

(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

2320

Registration District No. 28a Registered No. 215

(For use of Local Registrar)

(2) Full Name of Child. Edward Randolph Gordon 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 1  
To be answered only in case of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 1 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Clyde William Gordon(9) PRESENT POSTOFFICE OF FATHER Cola, Sc.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 29  
(Years)(12) BIRTHPLACE Sc.(13) OCCUPATION Clerk(14) Number of children born to mother, including present birth 1-3

## MOTHER

(14) NAME BEFORE MARRIAGE Suzie Spier(15) PRESENT POSTOFFICE OF MOTHER Cola Sc.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30  
(Years)(18) BIRTHPLACE Sc.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife 1533 Casseney A.

Given name added from a supplemental report

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Registrar

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

(27) Filled 1-10-22 191 (28) [Signature] 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.

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