

PLACE OF BIRTH

County of York
 Township of York
 or
 Town of York
 or
 City of York

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
 State Board of Health

FILE No.—For State Registrar Only

43048-2

Registration District No. #3101 Registered No. _____
 (For use of Local Registrar)
 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

Mary Jane Gordon

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

BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to mother, including present birth

FATHER

John Dought Gordon

Lucy H. SC

White 83

SC

Public Work

2

MOTHER

Mamie Ellis

Lucy H. SC

White 17

SC

House wife

2

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

Registrar

26. Witness

(Signature of Witness necessary only when question 23 is signed blank)

27. Filed

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy

Registrar Only

7.
(Registrar)

Ward)

d, make
directed

(Year)

19

M.,
or P.M.)

Midwife

Registrar.
return.

1. PLACE OF BIRTH
County of Kershaw
Township of Water
or
Inc. Town of H 3 0 4
or
City of H 3 0 4
(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

43101 1/2

Registration District No. 8-A

Registered No.

(For use of Local Registrar)

St.

Ward

2. FULL NAME OF CHILD

Mary Jane Jordan

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

3. BOY OR GIRL

Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

yes

7. DATE OF BIRTH

Dec 21

1922

(Name of Month) (Day) (Year)

FATHER

8. FULL NAME

John Dwight Jordan

9. PRESENT POST OFFICE OF FATHER

Lucy SC

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

33

(Years)

12. BIRTHPLACE

Kershaw Co

13. OCCUPATION

Public Clerk

MOTHER

14. NAME BEFORE MARRIAGE

Mamie Ellis

15. PRESENT POST OFFICE OF MOTHER

Lucy SC

16. COLOR OF RACE

White

17. AGE AT LAST BIRTHDAY

17

(Years)

18. BIRTHPLACE

A. C.

19. OCCUPATION

Housewife

21. Number of children of this mother now living, including present birth

Two

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

W. B. C. Lewis

24. Signature of Physician or Midwife

Physician

25. Address of Physician or Midwife

Columbia SC

Given name added from a supplemental report

192

26. Witness

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

27. Filed

19

28.

Local Reg.

*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.