

PLACE OF BIRTH

County of York
 Township of York
 or
 City, Town or
 Village of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. #3/01

FILE No.—For State Registrar Only

43048-2Registered 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)

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? Yes

7. DATE OF BIRTH

Dec 26 1922
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

FULL NAME John Dought Gordon14. NAME BEFORE MARRIAGE Mamie EllisPRESENT POSTOFFICE OF FATHER Lucy St SC15. PRESENT POSTOFFICE OF MOTHER Lucy St SCCOLOR OR RACE White 16. AGE AT LAST BIRTHDAY 83
(Years)16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 17
(Years)BIRTHPLACE SC18. BIRTHPLACE SCOCCUPATION Public Work19. OCCUPATION House wifeNumber of children born to mother, including present birth 221. Number of children of this mother now living, including present birth 2

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 J. B. Chyburn
24. State whether Physician or Midwife Physician 25. Address of Physician or Midwife Camden SC

Given name added from a supplemental report

26. Witness _____
(Signature of Witness necessary only when question 23 is signed by a midwife)27. Filed Jan 2 1923 Local RegistrarWhen 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

GARY PRINTING CO., COLUMBIA, S. C.

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.

1. PLACE OF BIRTH
County of Kershaw
Township of Water
or
Inc. Town of _____
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)

To be answered only in event of Twins or Triplets

FATHER

8. FULL NAME John Dwight Jordan

9. PRESENT POST OFFICE OF FATHER Lu p 2 SC

10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 33
(Years)

12. BIRTHPLACE Kershaw Co

13. OCCUPATION Public

20. Number of children born to mother, including present birth { Two

MOTHER

14. NAME BEFORE MARRIAGE Mamie Ellis

15. PRESENT POST OFFICE OF MOTHER Lu p 2 SC

16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 17
(Years)

18. BIRTHPLACE A. C.

19. OCCUPATION House wife

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 at 10 M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

23. Signature W. B. O. O. O.

24. Address of Physician or Midwife Physician

25. Address of Physician or Midwife Columbia SC

Given name added from a supplemental report _____ 192_____

Registrar

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

27. Filed _____ 19____ 28. _____ 29. _____ 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.