

(1) PLACE

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

No. 155079

County

Township

or

Inc. Town of

City of

Columbia

(No. 2233 Broadly

Registration No. 1550790  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Eugene Jordan

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

(3) SEX OR CHILD B. (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 12, 1925 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Jordan

(9) PRESENT RESIDENCE OF FATHER Columbia

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 31 (Year)

(12) BIRTHPLACE Kansas Mo.

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie Blackwell

(15) PRESENT RESIDENCE OF MOTHER Columbia

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 29 (Year)

(18) BIRTHPLACE Kansas Mo.

(19) OCCUPATION H. W.

(20) Number of children born to mother, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Hour A. M. or P. M.) 9:40 A.M.

(22) (Signature) J. A. Blackwell

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed June 28, 1925 (27) 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.

...and state month of pregnancy.