

(1) PEACH OF RIVER

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

26905

County of *Aiken*Township of *Langley*

OF

Sec. Town of

OF

City of *Bath Se*

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

Registration District No. *7.1.7. A* Registered No. *116*

(For use of Local Registrar)

(2) Full Name of Child *Horace Gordon* If child is not yet named, make supplemental report as directedBOY OR GIRL *Boy*

(4) Twin or Triplet? —

(5) Number in order of birth

(6) Are Parents Married? *M*(7) DATE *July* 18 *1923*  
BIRTH (Name of Month) (Day) (Year)FATHER.  
FULL NAME *Lee Gordon*PRESENT POSTOFFICE OF FATHER *Bath Se*COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *35* (Years)BIRTHPLACE *Texas*OCCUPATION *Miss Opr*Number of children born to mother, including present birth *10*MOTHER.  
(14) NAME BEFORE MARRIAGE *May Gordon*(15) PRESENT POSTOFFICE OF MOTHER *Bath Se*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *35* (Years)(18) BIRTHPLACE *Miss*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *6*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was *Adm* as *12 30 P.* M., on the date above stated. (Born alive or stillborn) (Hour of Day or P. M.)(23) (Signature) *Dr. J. H. H. H.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Bath Se*

For name added from a supplemental report

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

(27) Filed *Sept 10 1923* (28) *L. W. Spradley* Local Registrar

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

TAKEN MONTH IN PROGRESS