

## (1) PLACE OF BIRTH

County of MarionTownship of Reasessor  
Inc. Town of.....or  
City of .....

(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

Registration District No. 3705

File No.—For State Registrar Only

4987

Registered No. 7  
(For use of Local Registrar)

## (2) Full Name of Child

Thomas Jordan

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan. 17, 1922  
(State of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Spencer Jordan

(9) PRESENT POSTOFFICE OF FATHER

Mullins St

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

42  
(Years)

(12) BIRTHPLACE

Marion St

(13) OCCUPATION

Farmer

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

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Jane Blue

(15) PRESENT POSTOFFICE OF MOTHER

Mullins St

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

41  
(Years)

(18) BIRTHPLACE

Clarkton, N.C.

(19) OCCUPATION

Housewife

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:30 A.M. on the date above stated.  
(Born alive or stillborn) (Time A. M. or P. M.)

(23) (Signature)

Mullins M. Coulter M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mullins St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 17, 1922 (28) Spencer Jordan 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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MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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.

MEDIAN OF COLUMBIA, COLUMBIA, S. C.

Form 5-0