

(1) PLACE OF BIRTH

County of HamptonTownship of Ladysburgor
Inc. Town ofor
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

File No. For State Registrar Only

3220

52547

Registration District No. 2401 Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child William James Gordon { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 13 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Gordon(9) PRESENT POSTOFFICE OF FATHER P. Furman & Co. Charleston S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Lola Orr(15) PRESENT POSTOFFICE OF MOTHER Furman & Co(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:30 M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Rachael B. B. B.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Furman & Co

Given name added from a supplemental report

191...

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/22 1916 (28) W. E. Lewis 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.

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.
Cav. of Columbia