

WRITE PLAINLY. WITH UNFADING INK. 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 1.

Section of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Christ Church  
 Township of Old Store  
 Inc. Town of .....  
 City of .....

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

Registration District No. 120.6

No. 3449—For State Registrar Only

Registered No. 20.....  
 (For use of Local Registrar)

(2) Full Name of Child, Eliza Jordan

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 3rd (6) Age 3 1/2 (7) DATE OF BIRTH Feb 25 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Wm Jordan  
 (9) PRESENT POSTOFFICE OF FATHER P. O. Jordan S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Caroline Jordan  
 (15) PRESENT POSTOFFICE OF MOTHER P. O. Jordan S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House-keeping  
 (21) Number of children of this mother now living, including present birth 1/4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. W. Jordan  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)  
 ....., 19 ....., Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 2/22 1923 (28) J. W. Harrington 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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