

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Orangeburg
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

31706

Registration District No. 3613 Registered No. 138
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rosa Lee Jordan (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIST girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 17, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Parsin Jordan
 (9) PRESENT POSTOFFICE OF FATHER Jamison, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25
 (Year)
 (12) BIRTHPLACE Orangeburg, S.C.
 (13) OCCUPATION Work on Farm
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Porter
 (15) PRESENT POSTOFFICE OF MOTHER Jamison, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
 (Year)
 (18) BIRTHPLACE Orangeburg, Co
 (19) OCCUPATION Work on Farm
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Jamison
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Jamison, S.C.

Given name added from a supplemental report

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

(27) Filed Sept 22, 1922 (28) W. D. Fairley 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C. FIRST-HORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.