

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of St. Paul

OF

Inc. Town of .....

OF

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. 910 Registered No. 11

(For use of Local Registrar)

## (2) Full Name of Child

Ethel Gordon

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

(3) BOY OR GIRL Girl(4) Twin or Triplet 1(5) Number in order of birth 1(6) Are Parents Married? no(7) DATE OF BIRTH July 6 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David Gordon

(9) PRESENT POSTOFFICE OF FATHER

Orson SC

(10) COLOR OR RACE

Car(11) AGE AT LAST BIRTHDAY 40  
(Years)

(12) BIRTHPLACE

Char. County

(13) OCCUPATION

Labor(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Gordon

(15) PRESENT POSTOFFICE OF MOTHER

Orson SC

(16) COLOR OR RACE

Car(17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE

Charleston County

(19) OCCUPATION

House wife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) James H. Dore(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Orson SC

Given name added from a supplemental report

(25) Witness W. H. Blumensberg

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

19 23  
Registrar(27) Filed 19 (28) 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.