

Form No. 1

(1) PLACE OF BIRTH

County of Harley
 Township of Camden
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

(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

4217

Registration District No. 2522 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child Mrs. Jordan

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

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 1 1933
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. L. Jordan
 (9) PRESENT POSTOFFICE OF FATHER Camden S.C. RFD
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36
 (Year) (12) BIRTHPLACE Harley Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 3

MOTHER.
 (14) NAME BEFORE MARRIAGE Della Lewis
 (15) PRESENT POSTOFFICE OF MOTHER Camden S.C. RFD
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Year) (18) BIRTHPLACE Harley Co
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was After at 7 A. M.,
 on the date above stated. (Before live or stillborn? (Hour A. M. or P. M.)

(22) (Signature) Mary Lewis
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Jordanville S.C.

Given name added from a supplemental report

Janis Lewis
May 30 1933

(25) Witness (Signature of Witness necessary only when question 21 is signed by mother)

(26) Date Feb 18 1933 (27) J. L. Dugan Local Registrar.

*When there was no physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it does not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

USE THIS FORM OF TRIPLETTS AND A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.