

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. E.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH County of <u>Orangeburg</u> Township of <u>Orange</u> or Inc. Town of _____ or City of _____ (No. _____ St.; _____ Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. _____ Registered No. _____ (For use of Local Registrar)		FILE No.—For State Registrar Only 22 049281
2. FULL NAME OF CHILD <u>Vivian June Jordan</u> If child is not yet named, make supplemental report as directed.				
3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other _____ 5. Number, in order of birth _____	6. Premature _____ Full term _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>June 30</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>John Archie Jordan</u>		18. Name before marriage <u>MOTHER</u> <u>Sadie Madeline Carroll</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Orangeburg</u>		19. Residence (mailing address) (If non-resident, give place and State) <u>Orangeburg</u>		
11. Color or race <u>White</u>	12. Age at last birthday <u>34</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>32</u> (Years)	
13. Birthplace (city or place) (State or country) <u>Greenwood, S.C.</u>		22. Birthplace (city or place) (State or country) <u>Ft. Motte, S. C.</u>		
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____, 19____		OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____, 19____		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____				
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____ Before labor _____ During labor _____		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was <u>born alive</u> at _____ m. on the date above stated. (Born alive or stillborn) (Signed) <u>Lin. C. Schecut</u> , M.D. or _____, Midwife. Address <u>Orangeburg</u> Filed <u>Feb. 10</u> , 19 <u>42</u> <u>M.B. Woodward, M.D.</u> Registrar.				

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
Commissioner and State Registrar

Doris M. Lyons
Assistant State Registrar