

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		FILE No.—For State Registrar Only 22 049281	
2. FULL NAME OF CHILD <u>Vivian June Jordan</u>		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)		22. Birthplace (city or place) (State or country) <u>Ft. Motte, S. C.</u>			
13. Birthplace (city or place) (State or country) <u>Greenwood, S.C.</u>		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		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 _____	
16. Date (month and year) last engaged in this work _____, 19____		17. Total time (years) spent in this work _____		26. Total time (years) spent in this work _____	
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.					
Given name added from a supplementary report..... (Date of) _____ 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