

(1) PLACE OF BIRTH

County of Darlington
 Township of Leannorth
 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

3601

Registration District No. 1.2.22 Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Flora Anderson

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

(2) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb 11 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jamen Gordon
 (9) PRESENT POSTOFFICE OF FATHER Darlington
 (10) COLOR OR RACE Colad (11) AGE AT LAST BIRTHDAY 44 (Year)
 (12) BIRTHPLACE Darlington, S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1.2

MOTHER.

(14) NAME BEFORE MARRIAGE
 (15) PRESENT POSTOFFICE OF MOTHER Ellen Rhoden
 (16) COLOR OR RACE Colad (17) AGE AT LAST BIRTHDAY 42 (Year)
 (18) BIRTHPLACE Darlington, S.C.
 (19) OCCUPATION General housework
 (20) Number of children of this mother now living, including present birth 1.2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Midwife Mrs. M. S. Swinton
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 12 1923 (28) E. A. Early 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.