

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS USE TABLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 4.

(1) PLACE OF BIRTH

County of Colleton

Township of Walter

or  
 Inc. Town of .....

or  
 City of .....

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

(2) Full Name of Child

Stoney Gordon

No. for this Register  
**44498**

Registration District No. ....

Registered No. 1401  
 (For use of Local Registrar)

(3) SEX OF CHILD

Boy

(4) TIME OF BIRTH

12:00 P.M.

(5) AGE OF CHILD

1 year

(6) DATE OF BIRTH  
Dec. 13, 1922  
 (Name of Month) (Day) (Year)

FATHER

(7) FULL NAME

Harry Gordon

(8) PRESENT RESIDENCE OF FATHER

Walter School

(9) COLOR OF SKIN

White

(10) AGE AT LAST BIRTHDAY

24

(11) BIRTHPLACE

SC

(12) OCCUPATION

Farmer

(13) Number of children born to mother, including present birth

1

MOTHER

(14) FULL NAME

Walter Nelson

(15) PRESENT RESIDENCE OF MOTHER

Walter School

(16) COLOR OF SKIN

White

(17) AGE AT LAST BIRTHDAY

24

(18) BIRTHPLACE

SC

(19) OCCUPATION

Domestic

(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 ...  
 on the date above stated.

at 9 A.M.  
 (Born alive or stillborn) (Hour, A. or P. M.)

(22) (Signature)

Robert ...

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Walter School

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed

19 ...

(27)

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.

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