

## (1) PLACE OF BIRTH

County of HarryTownship of Bucks

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49478

Registration District No. 2501 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child E. L. Thomas Jordan

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>Is answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 6 1916</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME <u>E. L. Jordan</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cummary</u>
(10) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>45</u> <small>(Years)</small>
(12) BIRTHPLACE <u>Harry</u>
(13) OCCUPATION <u>farmer</u>
(20) Number of children born to mother, including present birth <u>8</u>

## MOTHER.

(14) NAME BEFORE MARRIAGE <u>Mattie Jean</u>
(15) PRESENT POSTOFFICE OF MOTHER <u>Cummary</u>
(16) COLOR OR RACE <u>white</u>
(17) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>
(18) BIRTHPLACE <u>Harry</u>
(19) OCCUPATION <u>seamster</u>
(21) Number of children of this mother now living, including present birth <u>7</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was E. L. Thomas Jordan on the date above stated.  
(Born alive or stillborn) (Hour) (M.) (P. M.)(23) (Signature) E. L. Jordan  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cummary

Given name added from a supplemental report
191...
Registrar

(26) Witness E. L. Jordan  
(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Feb 8 1916 (28) S. F. Bourne  
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw, of Columbia