

Form No. 1.

(1) PLACE OF BIRTH

County of .....

Township of .....

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. Ida Marie Jordan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 27, 1906  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ida Jordan  
(9) PRESENT POSTOFFICE OF FATHER Johnston  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Johnston  
(13) OCCUPATION Teacher  
(20) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Ida Krepps  
(15) PRESENT POSTOFFICE OF MOTHER Johnston  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Saluda Co  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. H. Stratton  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

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

(27) Filed Mar 1, 1906 (28) Ja. Lee 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.

File No.—For State Registrar Only  
48927

McCaw, of Columbia.  
FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
If in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the