

## PLACE OF BIRTH

County of GreenvilleTownship of Saludaor  
In Town of .....or  
City of .....

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

## Full Name of Child

Helen Louise Gordon

No. for State Register only

43968

Registration District No. 2215Registered No. ....  
(For use of Local Registrar)

1 SEX OF CHILD

Girl

2 AGE AT LAST BIRTHDAY

33

3 COLOR OR RACE

White

4 BIRTHPLACE

Greenville Co

5 OCCUPATION

Farmer

6 NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1

7 NAME BEFORE MARRIAGE

Salter Cox

8 PRESENT POSTOFFICE OF MOTHER

Travelers Rest R2

9 COLOR OR RACE

White

10 BIRTHPLACE

Greenville Co

11 OCCUPATION

Housewife

12 FULL NAME OF FATHER

Joseph Franklin Gordon

13 PRESENT POSTOFFICE OF FATHER

Travelers Rest R2

14 COLOR OR RACE

White

15 AGE AT LAST BIRTHDAY

33

16 BIRTHPLACE

Greenville Co

17 OCCUPATION

Farmer

18 NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH

1

19 NAME BEFORE MARRIAGE

Salter Cox

20 PRESENT POSTOFFICE OF MOTHER

Travelers Rest R2

21 COLOR OR RACE

White

22 BIRTHPLACE

Greenville Co

23 Number of children born to mother, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was .....

born alive

(Born alive or stillborn) (Sex A. M. or P. M.)

on the date above stated.

(25) (Signature)

(26) State whether

Physician or Midwife

Physician

(27) Address of Physician or Midwife

Travelers Rest R2

Give name added from a supplemental report

(28) Witness

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

(29) Filed

Mar 1 1926

(30) 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.