

(1) PLACE OF BIRTH

County of Cherokee
 Township of Gaffney
 or
 Inc. Town of Gaffney S.C.
 City of Gaffney S.C. (No. _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only
3546

Registration District No. 10a Registered No. 36

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Mahaley Jordan

(3) SEX OF
 CHILD

(4) Twin
 or Triplet

(5) Number in
 order of birth

(6) Are
 Parents
 Married?

(7) DATE OF
 BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
 NAME

(9) PRESENT
 POSTOFFICE
 OF FATHER

(10) COLOR
 OR
 RACE

(11) AGE AT LAST
 BIRTHDAY

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
 MARRIAGE

(15) PRESENT
 POSTOFFICE
 OF MOTHER

(16) COLOR
 OR
 RACE

(17) AGE AT LAST
 BIRTHDAY

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother
 now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23)

(Signature)

(24)

State whether: Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
 al report

(26) Witness

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

(27)

Filed March 11 1922 at Gaffney 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.