

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

30558

Registration District No. 2214

Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child

Willie Gordon

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Sept 6, 1922
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME

Sampson Gordon

(9) PRESENT POSTOFFICE OF FATHER

Greenville R. 3.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23
(Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Farmer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Mamie Shegson

(15) PRESENT POSTOFFICE OF MOTHER

Greenville R. 3

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20
(Years)

(18) BIRTHPLACE

Greenville

(19) OCCUPATION

Cook

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:20 AM on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

B. J. Gordon M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenville R. 3

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 9, 1922

(28)

John B. Master

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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.