

## (1) PLACE OF BIRTH

County of York  
 Township of Edwards

or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)

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

(2) Full Name of Child. Edward Jordan ..... { If child is not yet named, make supplemental report as directed

Sex Male (4) Twin or triplet? — (5) Number in order of birth — (6) Are Parents Married? yes (7) DATE OF BIRTH June 9, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Jordan

(9) PRESENT POSTOFFICE OF FATHER Rock Hill, S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE York County

(13) OCCUPATION Joiner

(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosella Anderson

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill, S.C.

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE York County

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Alive at 4:00 P. M., on the date above stated. (Born alive or —) (Hour A. M. or P. M.)

(23) (Signature) A. E. Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rock Hill, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed 7/10/22 (28) J. R. Smith 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.

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