

(1) PLACE OF BIRTH

County of
 Township of
 or
 Inc. Town of
 or
 City of

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

No. 1a. - For State Registrar Only
4013

Registration District No. **221X**

Registered No. **27**
 (For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child **J. S. Gordon**
 (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

(1) BOY OR GIRL? **Boy**
 (2) Twin or Triplet? **No**
 To be answered only in event of Twin or Triplet

(3) Age of Child at Birth **4 21**
 (4) DATE OF BIRTH **Feb. 12, 1928**
 (Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME **Will Gordon**
 (6) PRESENT POSTOFFICE OF FATHER **Greenville SC**
 (7) COLOR OR RACE **Caucasian**
 (8) BIRTHPLACE **Greenville SC**
 (9) OCCUPATION **Fireman**
 (10) AGE AT LAST BIRTHDAY **25**
 (Year)

MOTHER.

(11) NAME BEFORE MARRIAGE **Gertrude Dodge**
 (12) PRESENT POSTOFFICE OF MOTHER **Greenville SC**
 (13) COLOR OR RACE **Caucasian**
 (14) BIRTHPLACE **Jay Lott SC**
 (15) OCCUPATION **Housewife**
 (16) AGE AT LAST BIRTHDAY **24**
 (Year)
 (17) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(18) I hereby certify that I attended the birth of this child, who was **born alive or stillborn** at **4:40** M., on the date above stated. (Hour **4:40** or P. M.)

(19) (Signature) **W. S. ...**

(20) State whether Physician or Midwife

(21) Address of Physician or Midwife

Given name added from a supplemental report

(22) Witness **P. M. ...**
 (Signature of Witness necessary only when question 23 is signed by mark)

(23) Filed **Feb 13 1928**

(24) 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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