

(1) PLACE OF BIRTH

County of

Township 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

13620

Registration District No. 307

Registered No. 57

(For use of Local Registrar)

2. Full Name of Child

Jennie Ruth

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

(3) Sex

(4) Twin

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) Full Name

James Robert Jordan

(14) Name before marriage

Jennie Louisadville

(9) Present Postoffice of Father

Stonea Patti

(15) Present Postoffice of Mother

Stonea Patti

(10) Color or Race

white

(11) Age at last birthday

20

(Years)

(16) Color or Race

white

(17) Age at last birthday

13

(Years)

(12) Birthplace

S. C.

(18) Birthplace

S. C.

(13) Occupation

middle class

(19) Occupation

Dom

(21) Number of children born to father, including present birth

2

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (at (Hour A. M. or P. M.))

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. D.

Stonea Patti

Given name added from a supplemental report

(26) Witness

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

(27) May 1922 (28) L. A. Williams 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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