

(1) PLACE OF BIRTH

County of Charleston
 Township of W. Coyle

or
 Inc. Town of

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

89109

Registration District No. 1200 Registered No. 118
 (For use of Local Registrar)

St.;

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 15 1906
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Joe Jordan</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Clives</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Ruby S.C. # 2</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ruby S.C. # 2</u>
(10) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(12) BIRTHPLACE <u>Charleston Co S.C.</u>	(18) BIRTHPLACE <u>Charleston Co S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susie Hancock

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruby S.C. # 2

Given name added from supplemental report

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

(27) Filed 191 (28) N. T. Rivers
 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.