

## (1) PLACE OF BIRTH

County of Chesterfield  
 Township of W. Croghan

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)

(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 yes Parent Married? ..... (7) DATE OF BIRTH Nov. 15 1916  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Joe Jordan  
 (9) PRESENT POSTOFFICE OF FATHER Ruby S.C. # 2  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Chesterfield Co S.C.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Sallie Oliver  
 (15) PRESENT POSTOFFICE OF MOTHER Ruby S.C. # 2  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Chesterfield Co S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth { 2

## 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 (25) Address of Physician or Midwife

Midwife Ruby S.C. # 2

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 ..... 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.