

FORM NO. 2.

(1) PLACE OF BIRTH

County of WinthropTownship of Jordanor
Inc. Town ofor
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

44956

Registration District No. H 304 Registered No. 168
(For use of Local Registrar)

(2) Full Name of Child

Shirley Jordan } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? By (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 11
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maackey Garden(9) PRESENT POSTOFFICE OF FATHER Winthrop S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Lula Prishy(15) PRESENT POSTOFFICE OF MOTHER Winthrop S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth { } (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 at 3 3 M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) L. A. L. Cooper(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winthrop S.C.(26) Witness R. H. L. L.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec. 11, 1911 (28) L. A. L. Cooper
Local Registrar

Given name added from a supplemental report

191

Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

*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.