

Form No. 1

## (1) PLACE OF BIRTH

County of Marion  
 Township of Moody  
 OF  
 Inc. Town of Sellers  
 OF  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

7790

Registration District No. 3204Registered No. 69  
(For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Garfield 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 June 3, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Garfield Jordan  
 (9) PRESENT POSTOFFICE OF FATHER Moody  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
 (12) BIRTHPLACE Moody  
 (13) OCCUPATION Public work

## MOTHER.

(14) NAME BEFORE MARRIAGE Rose Stephens  
 (15) PRESENT POSTOFFICE OF MOTHER Moody  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Sellers  
 (19) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 2 (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 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Moody

Given name added from a supplemental report

(26) Witness Joe M. Bann

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

(27) Filed Mar. 24, 1923(28) Curry H. Jones 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.