

(1) PLACE OF BIRTH

County of CharlestonTownship of St. PhillipsInc. Town of ChicoraCity of Chicora

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File NO. — For State Registrar Only

88856

Registration District No. 909Registered No. 163
(For use of Local Registrar)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 Charles 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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 4 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Francis Jordan(9) PRESENT POSTOFFICE OF FATHER Navy Yard, Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Philadelphia, Pa.(13) OCCUPATION Order, U.S. Navy(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Florence May Lister(15) PRESENT POSTOFFICE OF MOTHER Navy Yard, Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Philadelphia, Penn.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:05 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Huber B. Little, Pa. Surgeon, U.S. Navy

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

Navy Yard, Charleston, S.C.

Given name added from a supplemental report

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

(27) Filed Dec. 10 1916 (28) C. F. Meyers 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.

before the fifth month of pregnancy.

NEVER FURNISH A SUPPLEMENTAL REPORT IN A SUPPLEMENTAL REPORT. IN A SUPPLEMENTAL REPORT, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THIS CHILD, NO. 2, ETC., IN QUESTION 5.