

(1) PLACE OF BIRTH

County of SairfieldTownship of Winnobrunseor
Inc. Town of Winnobrunseor
City of Winnobrunse

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

File No.—For State Registrar Only

18517Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Catherine Hazel Jordan (No. St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3 BOY OR GIRL

girl

4 Twin or Triplet?

To be answered only in event of Twins or Triplets

5 Number in order of birth

1st

6 Are Parents Married?

yes

(7) DATE OF

BIRTH May 1st 1922
(Name of Month) (Day) (Year)**FATHER.**

8 FULL NAME

Samuel W. Jordan

9 PRESENT POSTOFFICE OF FATHER

Winnobrunse

10 COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

(Years)

12 BIRTHPLACE

Winnobrunse

13 OCCUPATION

farmer

20 Number of children born to mother, including present birth

1**MOTHER.**

(14) NAME BEFORE MARRIAGE

Hazel Jordan

(15) PRESENT POSTOFFICE OF MOTHER

Winnobrunse SC

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Winnobrunse SC

(19) OCCUPATION

wife

(21) Number of children of this mother now living, including present birth

1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was... at... M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

J. C. Buchanan

(25) Address of Physician or Midwife

Winnobrunse SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 25 1922

(28)

W. M. Miller
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.

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IN CASE OF TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1 THIS OTHER, NO. 2, etc., in question 5.

MOHAM OF COLUMBIA, COLUMBIA, S. C.