

(1) PLACE OF BIRTH

County of GreenvilleTownship of Deenkin

or

Inc. Town of .....

or

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 R.

72948

Registration District No. 2205 Registered No. 6

(For use of Local Re.

(2) Full Name of Child Marie Jordan { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE BIRTH Aug. 9th 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Maddy Jordan(9) PRESENT POSTOFFICE OF FATHER Joney Creek S.C. R.I.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Grille Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Janie Lee Brisson(15) PRESENT POSTOFFICE OF MOTHER Joney Creek, S.C. Co.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Grille Co. S.C.(19) OCCUPATION Form Laborer(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. P. Hargis, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Honea Path S.C.

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 Aug 6 191.....

(28)

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.