

(1) PLACE OF BIRTH

County of Greenville

Township of Deenkin

OR  
Inc. Town of  
OR  
City of

**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. 65  
(For use of Local Board)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 Naddy Jordan

(9) PRESENT POSTOFFICE OF FATHER Joney Creek S.C. R. 1.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)

(12) BIRTHPLACE Yville 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.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)

(18) BIRTHPLACE Yville 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. King, 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 26 191..... (28) C. O. Smith 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.

Caaw. of Columbia.