

(1) PLACE OF BIRTH

County of Horry
 Township of Hayes
 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 Registrar

7-1-23

Registration District No. 2508 Registered No. 35
 (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 Hampton Jordan If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

Feb 18, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Hamilton Jordan

(9) PRESENT POSTOFFICE OF FATHER

Nichols P.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

Horry Co S.C.

(13) OCCUPATION

Merchant

MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Proctor

(15) PRESENT POSTOFFICE OF MOTHER

Nichols S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32

(18) BIRTHPLACE

Willow S.C.

(19) OCCUPATION

Domestic

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

5

(20) Number of children born to mother, including present birth

15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11-30 P.M.
 on the date above stated. (Born alive or stillborn (Hour, M. or P. M.))

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

M.D.Thickens 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

Feb 27, 1923

(28)

Thickens S.C. 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.