

Form No. 1

## (1) PLACE OF BIRTH

County of St.  
 Township of St. Helena  
 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 Only

2976

Registration District No. 604 Registered No. 28  
 (For use of Local Registrar)

City of ..... (No. .... 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 Walter Gordon 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 ..... 6. Are Parents Married yes 7. DATE OF BIRTH Feb 4 29  
 To be answered only in event of Twin or Triplet (Name or Month) (Day) (Year)

## FATHER.

8. FULL NAME Richard Gordon  
 9. PRESENT POSTOFFICE OF FATHER Freemont S.C.  
 10. COLOR OR RACE B 11. AGE AT LAST BIRTHDAY 45  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Farmer

## MOTHER.

14. NAME BEFORE MARRIAGE Mary Howard  
 15. PRESENT POSTOFFICE OF MOTHER Freemont S.C.  
 16. COLOR OR RACE B 17. AGE AT LAST BIRTHDAY 40  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Housewife

20. Number of children born to mother, including present birth 14 21. Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Williams  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Nurse Hain  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed Feb 4 1929 (28) J. H. H. H. 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.