

(1) PLACE OF BIRTH
County of Sumter
Township of Statham
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
32520

Registration District No. 4109 Registered No. 516
(For use of Local Registrar)

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

(2) Full Name of Child Edward Thompson Jordan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 18 22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME S. W. Jordan
(9) PRESENT POSTOFFICE OF FATHER Dalyell S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 41
(Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Lucia Thompson
(15) PRESENT POSTOFFICE OF MOTHER Dalyell S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30
(Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3 (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 1:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dalyell S.C.

Given name added from a supplemental report

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

19 22 Registrar (27) Filed Feb 28 1922 (28) Ben S. Scurie 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.