

(1) PLACE OF BIRTH

County of CashierTownship of Amelia

or

Inc. Town of.....

or

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 Charles Elmon Gordon If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>by</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jun 15 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charles Gordon

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE Wgn (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm Work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Blanche Doolie

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE Wgn (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Alma ...at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Blanche Doolie(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Matthews

Given name added from a supplemental report

(26) Witness R. A. B.
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jun 19 1922 (28) R. A. B. 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.