

(1) PLACE OF BIRTH

County of Lee
 Township of Turkey Creek
 OF
 Inc. Town of Lucas
 OF
 City of _____ (No. _____ St. _____ Ward _____)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
21753

Registration District No. 800.9

Registered No. 96
 (For use of Local Registrar)

(2) Full Name of Child Carson Eugene Jordan

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

(3) BOY OR GIRL Boy (4) Yes (5) Yes (6) Yes (7) DATE OF BIRTH July 18 1923
 (Name of child) (Day) (Year)

FATHER.

(8) FULL NAME Refus Pearson Jordan
 (9) PRESENT POSTOFFICE OF FATHER Richville S. R. 4
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE C. pp. Ala.
 (13) OCCUPATION Farming

MOTHER.

(14) FULL NAME Quincy Estell Nowle
 (15) PRESENT POSTOFFICE OF MOTHER Richville R. 4
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE Starts ville S. C.
 (19) OCCUPATION Farming

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 AM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margie Holme

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lucas

(Given name added from a supplemental report)

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

(27) Filed July 27 1923 (28) J. C. Nowle 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.