

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Abbe Co.  
 Township of Durham  
 Inc. Town of — or  
 City of — (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Registration District No. 106 Registered No. 16 (For use of Local Registrar)  
 (2) Full Name of Child Mary Ester Gordon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>—</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 13</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>—</u>			(14) NAME BEFORE MARRIAGE <u>Amanda Gordon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>—</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Durham S.C.</u>	
(10) COLOR OR RACE <u>—</u>	(11) AGE AT LAST BIRTHDAY <u>—</u> (Years)	(16) COLOR OR RACE <u>negro</u> (17) AGE AT LAST BIRTHDAY <u>17</u> (Years)		
(12) BIRTHPLACE <u>—</u>			(18) BIRTHPLACE <u>Abbe Co</u>	
(13) OCCUPATION <u>—</u>			(19) OCCUPATION <u>School Girl</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) W. L. Pressley  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Durham S.C.

Given name added from a supplemental report — 191...  
 Registrar J. C. Tribble Jr. (26) Witness — (Signature of Witness necessary only when question 25 is signed by mark)  
 (27) Filed Apr 12 1916 (28) J. C. Tribble Jr. 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.

\*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.