

(1) PLACE OF BIRTH

County of Aiken

Township of

or
Inc. Town ofor
City of Aiken, S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45157

Registration District No. R.A. Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child ... Pada Gordon ... { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl(4) Twin or Triplet? ☒

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE OF BIRTH Jan. 15, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Gordon(9) PRESENT POSTOFFICE OF FATHER Aiken, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 47
(Years)(12) BIRTHPLACE Aiken, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie(15) PRESENT POSTOFFICE OF MOTHER Aiken, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Barnwell, S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rhoda James(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Aiken, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(25) Witness O.B. Hutton
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 18, 1916 (28) O.B. Hutton
Sub. Local Registrar

*When there was no attending physician or midwife, when 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Caw. of Columbia