

(1) PLACE OF BIRTH

County of York

Township of

or
Inc. Town of Rocky Hillor
City of

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

(2) Full Name of Child, Johnnie Mae Jordan If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? (4) Twins or Triplets? (5) Number in order of birth 3rd (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 28, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Albert Jordan(9) PRESENT POSTOFFICE OF FATHER Wynnons Mill, Rock Hill(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Albie Mae Jones(15) PRESENT POSTOFFICE OF MOTHER Wynnons Mill, Rock Hill(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Georgia(19) OCCUPATION Housewife(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 2 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Daniel C. Rogers, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Registrar

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

(27) Filed 7/11/11 1911 (28) J. P. Miller 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.

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