

(1) PLACE OF BIRTH

County of RobesonTownship of Dequincyor
Inc. Town ofor
City of

(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

90361

Registration District No. 2507 Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Lyman Miles Jordan

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME William J Jordan(9) PRESENT POSTOFFICE OF FATHER Nixonsville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Lorry Co(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth Six (6)

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Watson(15) PRESENT POSTOFFICE OF MOTHER Nixonsville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Lorry Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Sarah Chestnut(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nixonsville

Given name added from a supplemental report

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

Registrar

(26) Witness W. M. Newton
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/9 191..... (28) P. H. Todd
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.

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.
 McCaw, of Columbia.