

## (1) PLACE OF BIRTH

County of Georgetown  
 Township of Colleton  
 OR  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4243

Registration District No. 2105 Registered No. 24  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Johnas Jordan (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 2 1922  
 (Name of Month) (Day) (Year)

| FATHER.   |  |  | MOTHER.  |   |  |
|---|--|--|--|---|--|
| (8) FULL NAME   | <u>John Jordan</u>                           |  | (14) NAME BEFORE MARRIAGE  | <u>Annie Cribb</u>                          |  |
| (9) PRESENT POSTOFFICE OF FATHER                                | <u>Georgetown S.C.</u>                       |  | (15) PRESENT POSTOFFICE OF MOTHER  | <u>Georgetown S.C.</u>                      |  |
| (10) COLOR OR RACE <u>White</u>                                 | (11) AGE AT LAST BIRTHDAY <u>5-0</u> (Years) |  | (16) COLOR OR RACE <u>White</u>  | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) |  |
| (12) BIRTHPLACE   | <u>Georgetown Co.</u>                        |  | (18) BIRTHPLACE  | <u>Georgetown Co.</u>                       |  |
| (13) OCCUPATION   | <u>Farmer</u>                                |  | (19) OCCUPATION  | <u>Housewife</u>                            |  |
| (20) Number of children born to mother, including present birth | <u>2</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 at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Keley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Medford, S.C.

Given name added from a supplemental report

(26) Witness W. L. Cribb (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 7 1922. (28) J. M. C. Craven 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.

MARGIN RESERVED FOR BINDING.  
 WHITE 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.