

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
90462

(1) PLACE OF BIRTH
 County of York
 Township of York SC
 or
 Inc. Town of _____ Registration District No. 2901 Registered No. 287
 or
 City of Columbia (No. 3) (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; _____ Ward)

(2) Full Name of Child... Ruth Gordon } If child is not yet named, make supplemental report as directed

(3) Sex or Birth? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Race <u>White</u>	(7) DATE OF BIRTH <u>Dec 1 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Plenty Gordon</u>		(14) NAME BEFORE MARRIAGE <u>Charlie Wade</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia SC</u>		
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY _____ (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY _____ (Years)	
(12) BIRTHPLACE <u>York Co. S.C.</u>		(18) BIRTHPLACE <u>York Co.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>Farming</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Carrie Patterson

(24) State of Physician or Midwife Mississippi (25) Address of Physician or Midwife Madison SC

Given name added from a supplemental report _____, 191...
 _____ Registrar

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

(27) Filed Dec 1 1916 (28) W. S. McLean 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.