

## (1) PLACE OF BIRTH.

County of Marion

Township of .....

Inc. Town of Marion

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32A(No. Waverly Way St.; 2 Ward)

File No.—For State Registrar Only

43596

Registered No. 130  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Nov. 27, 1932  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie F. C. Jordan(9) PRESENT POSTOFFICE OF FATHER Marion S. C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE North Carolina(13) OCCUPATION Cuts repairing(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Floyd(15) PRESENT POSTOFFICE OF MOTHER Marion S. C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
(Year)(18) BIRTHPLACE Horry Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:40 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Marvin Dible

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marion S.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 10, 1933

(28)

Leola Montgomery  
Local Registrar.

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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N. H.—in case of TWINS OR TRIPLETS use a SEPARATE REPORT FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 5.  
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