

## (1) PLACE OF BIRTH

County of AndersonTownship of Honea PathInc. Town of .....  
orCity 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

20864

Registration District No. 307Registered No. 86  
(For use of Local Registrar)

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are yes Parents Married?(7) DATE OF BIRTH 6-12-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Stephen I. V. Jordan(9) PRESENT POSTOFFICE OF FATHER Honea Path(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21  
(Years)(12) BIRTHPLACE Greenville, S.C.(13) OCCUPATION Attorney at law

(14) Number of children born to mother, including present birth { ..... 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maie Bell Smith(15) PRESENT POSTOFFICE OF MOTHER Honea Path(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16  
(Years)(18) BIRTHPLACE Greenville, S.C.(19) OCCUPATION Domestic

(20) 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 Alive at 14:45 P.  
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. H. Smith

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

M.D. Honea Path S.C.

Given name added from a supplemental report

..... 1st

..... Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 30, 1922 (28) Jessie Williams 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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WRITING 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. THIS OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.