Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
64668

(1) PLACE OF BIRTH
County of Greenwood
Township of 96
or
Inc. Town of ..... Registration District No. 2310 Registered No. 49
or
City of ..... (No. ..... St.; ..... Ward)
(For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy		2	Yes	June 4 6

FATHER.

(8) FULL NAME: Jean Gordon
(9) PRESENT POSTOFFICE OF FATHER: Ninety Six S.C.
(10) COLOR OR RACE: Black (11) AGE AT LAST BIRTHDAY: 30 (Years)
(12) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer
(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE: Eunice Dean
(15) PRESENT POSTOFFICE OF MOTHER: Ninety Six S.C.
(16) COLOR OR RACE: Black (17) AGE AT LAST BIRTHDAY: 30 (Years)
(18) BIRTHPLACE: S.C.
(19) OCCUPATION: Farm hand.
(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Hanna Calhoun (Midwife)
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife J. G. 6 S.C.

Given name added from a supplemental report ....., 191..
J. M. Turner
Registrar

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

(27) Filed ..... 191.6. (28) J. M. Turner
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.

WRITE PLAINLY. WRITE WITH PERMANENT BLACK INK. USE A SEPARATE BLANK for each child, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5.
McCaw, of Columbia.