

PLACE OF BIRTH

County of Anderson
Township of Brushy Creek

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

Registration District No. 3. C. 2... Registered No. 178
(For use of Local Registrar)

File No. — For State Registrar Only
6246

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

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

(2) SEX OR MALE **(3) DATE OF BIRTH** Feb 26, 1923
(Name of Month) (Day) (Year)

(4) Tota or Triplet yes **(5) Are Parents Married** yes
To be answered only in event of Twin or Triplet

FATHER.
(6) FULL NAME E. J. Jordan

(7) PRESENT POSTOFFICE OF FATHER Easley, S.C.

(8) COLOR OR RACE negro **(9) AGE AT LAST BIRTHDAY** 25
(Year)

(10) BIRTHPLACE Anderson Co., S.C.

(11) OCCUPATION Farmer

(12) Number of children born to mother, including present birth 2

MOTHER.
(13) NAME BEFORE MARRIAGE Janie Triffus

(14) PRESENT POSTOFFICE OF MOTHER Easley S.C.

(15) COLOR OR RACE negro **(16) AGE AT LAST BIRTHDAY** 21
(Year)

(17) BIRTHPLACE Pickens Co., S.C.

(18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive **at** 9 A. M. **on** Feb 26, 1923
(born alive or stillborn) (A. M. or P. M.)

(21) (Signature) J. C. Triffus M.D. **(22) Address of Physician or Midwife** Easley S.C., S.C.

(23) State whether Physician or Midwife Physician

(Given name added from a supplemental report)

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

(25) Filed May 10, 1923 **(26) Local Registrar** J. C. Triffus

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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