

# THE CUBA FAMILY ARCHIVES FOR SOUTHERN JEWISH HISTORY AT THE BREMAN MUSEUM

Mss 387, Gordon Family Papers

Box 5, File 6

Gordon, Samuel – Birth Certificate, 1918

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CUBA FAMILY ARCHIVES IS STRICTLY PROHIBITED

CERTIFICATE OF BIRTH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. \_\_\_\_\_

Registrar's No. 364

1. Place of Birth		2. Usual Residence of Mother	
(a) County <u>Fulton</u>	Militia Dist. No. _____	(a) State <u>Georgia</u>	(b) County <u>Fulton</u>
(b) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>		(c) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>	
(c) Name of Hosp. or St. Address <u>336 Washington St.</u>		(d) House No. and St. or R.F.D. and Box <u>336 Washington St.</u>	
(d) Length of Mother's Stay Before Delivery: In Hosp. _____	In This Community _____		Hour of Birth <u>2:30</u> A.M.

3. Full Name of Child <u>SAMUEL LEWIS GORDON</u>	4. Date of Birth <u>Jan. 21, 1918</u> 19__
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5. Sex <u>Male</u>	6. Twin or Triplet _____	Born 1st 2nd or 3rd _____	7. Full Term Pregnancy If Not Give Months Gestation _____	8. Is Mother Married To Father of This Child? <u>Yes</u>
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FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name <u>Jacob Benjamin Gordon</u>	16. Maiden Name <u>Sadie Goldstein Gordon</u>	17. Color <u>White</u>	18. Age at Time of This Birth <u>27</u>
10. Color <u>White</u>	11. Age at Time of This Birth <u>29</u>	19. Birth Place of Mother <u>Macon, Georgia</u>	
12. Birth Place of Father <u>Atlanta, Georgia</u>		20. Usual Occupation <u>Housewife</u>	
13. Usual Occupation <u>Cotton Buyer</u>	15. Social Security No. _____	21. Industry or Business _____	22. Social Security No. _____
14. Industry or Business _____			

23. Was This Child Born Alive? <u>Yes</u>	24. Total No. of Children Born to This Mother <u>1</u>	(a) Born Alive Now Living <u>1</u>	(b) Born Alive Now Dead <u>0</u>	(c) Born Dead <u>0</u>
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25. L. R.'s Own Signature <u>Kate P. ...</u>	27. I hereby certify that I attended the birth of this child who was born on the date stated above. The personal information as given on this certificate was furnished by _____
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26. Date Filed <u>2-18-18</u>	Date of Supplemental Report _____	Relationship _____
28. Complications of Preg. of Labor? No _____ Yes _____ Describe _____	Was 1% Silver Nitrate Solution Used in This Child's Eyes? _____	Has Mother of This Child Been Given Blood Test for Syphilis? _____ Date of Test _____
Was This an Operative Delivery? No _____ Yes _____ Describe _____	If No Test, Give Reason _____	Attendant's Own Signature <u>M. Troy Bivings</u>
Was There a Birth Injury? No _____ Yes _____ Describe _____	Attendant's P. O. Address <u>Atlanta, Ga.</u>	Date Signed <u>Jan. 1918</u> M. D.
Congenital Deformity? No _____ Yes _____ Describe _____		

CERTIFIED COPY

State of Georgia  
County of Fulton

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

(Signed)

(Ordinary)

(Health Officer)

SEAL

CERTIFICATE OF BIRTH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. \_\_\_\_\_

Registrar's No. 364

1. Place of Birth		2. Usual Residence of Mother	
(a) County <u>Fulton</u>	Militia Dist. No. _____	(a) State <u>Georgia</u>	(b) County <u>Fulton</u>
(b) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>		(c) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>	
(c) Name of Hosp. or St. Address <u>336 Washington St.</u>		(d) House No. and St. or R.F.D. and Box <u>336 Washington St.</u>	
(d) Length of Mother's Stay Before Delivery: In Hosp. _____	In This Community _____		Hour of Birth <u>2:30</u>

3. Full Name of Child SAMUEL LEWIS GORDON Date of Birth Jan. 21, 1918

5. Sex Male 6. Twin or Triplet \_\_\_\_\_ Born 1st 2nd or 3rd \_\_\_\_\_ 7. Full Term Pregnancy If Not Give Months Gestation \_\_\_\_\_ 8. Is Mother Married To Father of This Child? Yes

FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name <u>Jacob Benjamin Gordon</u>		16. Maiden Name <u>Sadie Goldstein Gordon</u>	
10. Color <u>White</u>	11. Age at Time of This Birth <u>29</u>	17. Color <u>White</u>	18. Age at Time of This Birth <u>27</u>
12. Birth Place of Father <u>Atlanta, Georgia</u>		19. Birth Place of Mother <u>Macon, Georgia</u>	
13. Usual Occupation <u>Cotton Buyer</u>		20. Usual Occupation <u>Housewife</u>	
14. Industry or Business _____	15. Social Security No. _____	21. Industry or Business _____	22. Social Security No. _____

23. Was This Child Born Alive? Yes Total No. of Children 1 24. Born to This Mother \_\_\_\_\_ (a) Born Alive Now Living 1 (b) Born Alive Now Dead 0 (c) Born Dead 0

25. L. R.'s Own Signature Kate Pierce 27. I hereby certify that I attended the birth of this child who was born on \_\_\_\_\_ stated above. The personal information as given on this certificate was furnished by \_\_\_\_\_ Relationship \_\_\_\_\_

26. Date Filed 2-18-18 Date of Supplemental Report \_\_\_\_\_

28. Complications of Preg. of Labor? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Was This an Operative Delivery? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Was There a Birth Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Congenital Deformity? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

29. Was 1% Silver Nitrate Solution Used in This Child's Eyes? \_\_\_\_\_

30. Has Mother of This Child Been Given Blood Test for Syphilis? \_\_\_\_\_ Date of Test \_\_\_\_\_

If No Test, Give Reason \_\_\_\_\_

31. Attendant's Own Signature Wm. Troy Bivings Date Signed Jan. 1918

32. Attendant's P. O. Address Atlanta, Ga.

CERTIFIED COPY

State of Georgia  
County of Fulton

I hereby certify that the foregoing is a true and correct copy of a record on file in this office.

(Signed)

SEAL

(Ordinary) J. J. H. [Signature] (Health Officer)

CERTIFICATE OF BIRTH  
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. \_\_\_\_\_

Registrar's No. 364

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(b) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>		(c) City or Town <u>Atlanta</u> <small>(If Outside City or Town Limits, Write Rural)</small>	
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(d) Length of Mother's Stay Before Delivery: In Hosp. _____	In This Community _____		Hour of Birth <u>2:30</u>

3. Full Name of Child SAMUEL LEWIS GORDON Date of Birth Jan. 21, 1918

5. Sex Male 6. Twin or Triplet \_\_\_\_\_ Born 1st 2nd or 3rd \_\_\_\_\_ 7. Full Term Pregnancy If Not Give Months Gestation \_\_\_\_\_ 8. Is Mother Married To Father of This Child? Yes

FATHER OF CHILD

9. Full Name Jacob Benjamin Gordon

10. Color White 11. Age at Time of This Birth 29

12. Birth Place of Father Atlanta, Georgia

13. Usual Occupation Cotton Buyer

14. Industry or Business \_\_\_\_\_ 15. Social Security No. \_\_\_\_\_

MOTHER OF CHILD

16. Maiden Name Sadie Goldstein Gordon

17. Color White 18. Age at Time of This Birth 27

19. Birth Place of Mother Macon, Georgia

20. Usual Occupation Housewife

21. Industry or Business \_\_\_\_\_ 22. Social Security No. \_\_\_\_\_

23. Was This Child Born Alive? Yes Total No. of Children Born to This Mother 1 (a) Born Alive Now Living 1 (b) Born Alive Now Dead 0 (c) Born Dead 0

25. L. R.'s Own Signature Kate Pierce

26. Date Filed 2-18-18 Date of Supplemental Report \_\_\_\_\_

28. Complications of Prog. of Labor? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Was This an Operative Delivery? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Was There a Birth Injury? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Congenital Deformity? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

27. I hereby certify that I attended the birth of this child who was born on \_\_\_\_\_ stated above. The personal information as given on this certificate was furnished by \_\_\_\_\_ Relationship \_\_\_\_\_

Was 1% Silver Nitrate Solution Used in This Child's Eyes? \_\_\_\_\_

Has Mother of This Child Been Given Blood Test for Syphilis? \_\_\_\_\_ Date of Test \_\_\_\_\_

If No Test, Give Reason \_\_\_\_\_

Attendant's Own Signature Wm. Troy Bivings Date Signed Jan. 1918

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(Signed)

SEAL

(Ordinary) J. J. Haskins (Health Officer)