

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Blake  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14449

Registration District No. 1402 Registered No. ....  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH May 6, 1922  
 (Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charley Gadsen  
 (9) PRESENT POSTOFFICE OF FATHER Green Pond S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 18  
 (Years)  
 (12) BIRTHPLACE Col Co S.C.  
 (13) OCCUPATION Nav. Mill Laborer

## MOTHER.

(14) NAME BEFORE MARRIAGE Elise Manning  
 (15) PRESENT POSTOFFICE OF MOTHER Green Pond S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
 (Years)  
 (18) BIRTHPLACE Col Co S.C.  
 (19) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 1  
 (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 alive at 12 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sue Gadsen (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond S.C.

Given name added from a supplemental report

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

(27) Filed May 15, 1922 (28) A. G. Higgins 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.