

Form No 1.

(1) PLACE OF BIRTH

County of Hershaw

Township of 16

or Inc. Town of Lugoff S.C.

City of Lugoff S.C.

(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

86241

Registration District No. 3701 Registered No. 307

(For use of Local Registrar)

(2) Full Name of Child George Mentore Gladdeu

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 30 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Gladdeu

(9) PRESENT POSTOFFICE OF FATHER Lugoff S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Hershaw County

(13) OCCUPATION Home hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Brumham

(15) PRESENT POSTOFFICE OF MOTHER Lugoff S.C. 11th

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Hershaw County

(19) OCCUPATION Housewife

(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 1:40 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Sanders M.D. (24) State of South Carolina (25) Address of Physician or Midwife Physician Lugoff S.C.

Given name added from a supplemental report

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

(27) Filled 1916 (28) Mrs. J. W. Slama Local Registrar

When there was no attending physician or midwife then the father, household head, or mother, if a child breathes even once, must not be reported as stillborn. No report is desirable before the fifth month of pregnancy.

WRITE 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. THE OTHER, No. 2, etc., in question 5.

Division of Columbia