Form No. 6

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

R. 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 4.

Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg

Township of Beech Springs

or

Inc. Town of .....

or

City of .....

(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 42821

Registration District No. 4 B

Registered No. 69 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Gladys Corinne Fleming

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 27 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. J. Fleming

(9) PRESENT POSTOFFICE OF FATHER Arcadia

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Cotton mill Operative

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

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Turner

(15) PRESENT POSTOFFICE OF MOTHER Arcadia

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:15 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) D. F. Houghton M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Arcadia, S.C.

(Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Oct 1 1923 (28) H B Moore 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.