

Form No. 1

## (1) PLACE OF BIRTH

County of .....

Township of .....

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  
24323Registration District No. .... Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child *Isiah Gladden* (No. .... St. .... Ward)   
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)3) BOY OR GIRL? *Boy* (5) Twin or Triplet? *No* (6) Number in order of birth *1* (7) Are Parents Married? *Yes* (8) DATE OF BIRTH *Aug 8 1923*  
(Name of Child) (Day) (Year)FATHER. (9) FULL NAME *Isiah Gladden* (10) PRESENT POSTOFFICE OF FATHER *Thimmon, S. C.* (11) COLOR OR RACE *negro* (12) BIRTHPLACE *Thimmon, S. C.* (13) OCCUPATION *Farmer* (14) NAME BEFORE MARRIAGE *Isiah Gladden* (15) PRESENT POSTOFFICE OF MOTHER *Thimmon, S. C.* (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *25* (18) BIRTHPLACE *Thimmon, S. C.* (19) OCCUPATION *Farmer* (20) Number of children born to mother, including present birth *4* (21) Number of children of this mother now living, including present birth *3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... *Isiah Gladden* ... at ... *Aug 8 1923* ...  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Sept 10 1923* (28) *W. T. Johnson* 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.