

(1) PLACE OF BIRTH
County of Chester
Township of Summerville
or
In 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

Filing No.—For State Register Only

43780

Registration District No. 1106 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child Stephen R. Gladson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twins or Triplets? <u>None</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 16, 1943</u> (Name of Month) (Day) (Year)		
FATHER.						
(8) FULL NAME <u>Wm Charles Gladson</u>	MOTHER.					
(9) PRESENT POSTOFFICE OF FATHER <u>Richburg S.C.</u>	(12) NAME BEFORE MARRIAGE <u>Willa Ferguson</u>					
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(13) PRESENT POSTOFFICE OF MOTHER <u>Richburg S.C.</u>				
(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) BIRTHPLACE <u>D.C.</u>				
(17) OCCUPATION <u>Farmer</u>					(18) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>					(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 A.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature) J. W. Jordan
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician & Midwife

Given Name added from a supplemental report

..... 101.....

Registrar

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

(27) Filed 1/21/44 (28) J. G. Harris
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.

* 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.