

(1) PLACE OF BIRTH

County of UnionTownship of UnionIncl. Town of UnionCity of Union

(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

No. for this Register only

12247

Registration District No. 42-ARegistered No. 47
(For use of Local Registrar)(2) Full Name of Child Glady Elizabeth Lee

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 1st (6) Sex Female (7) DATE OF BIRTH Jan 1, 1923
 To be answered only in case of Twin or Triplet (Month) (Day) (Year)

FATHER

(8) FULL NAME Trady Lee(9) PRESENT POSTOFFICE OF FATHER Union, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Spartanburg, S.C.(13) OCCUPATION Milk work(14) Number of children born to mother, including present birth Five

MOTHER

(14) NAME BEFORE MARRIAGE Louisa Bradshaw(15) PRESENT POSTOFFICE OF MOTHER Union, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Spartanburg, S.C.(19) OCCUPATION Milk work(20) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 10:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(22) (Signature) W. H. Hulse(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Union, S.C.

Given name added from a supplemental report

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

(26) Filed 5-10 1923 (27) W. H. Hulse 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.

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