

## (1) PLACE OF BIRTH

County of *Allendale*Township of *Bull Run*or  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. *4003*Registered No. *68*  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Lutiz Gladson* (If child is not yet named, make supplemental report as directed)(a) SEX OR *Girl* (b) Twin or Triplet (c) Number in order of birth (d) Are Parents Married *yes* (e) DATE OF BIRTH *June 8 1928*  
(Name of Month) (Day) (Year)

## FATHER.

(a) FULL NAME *Willie Gladson*(b) PRESENT RESIDENCE OF FATHER *Allendale SC*(c) COLOR OR RACE *Colored* (d) AGE AT LAST BIRTHDAY *25* (Year)(e) BIRTHPLACE *Richland County SC*(f) OCCUPATION *farm laborer*(g) Number of children born to mother, including present birth *Three*

## MOTHER.

(a) NAME BEFORE MARRIAGE *Katie Fullerton*(b) PRESENT RESIDENCE OF MOTHER *Allendale SC*(c) COLOR OR RACE *Colored* (d) AGE AT LAST BIRTHDAY *29* (Year)(e) BIRTHPLACE *Allendale County SC*(f) OCCUPATION *farm laborer*(g) Number of children of this mother now living, including present birth *Three*

## 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.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *Marie E. Huber* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Allendale SC*

Given name added from a supplemental report

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

(27) Filed *Nov 17 1928* (28) *J. A. Reese* Local Registrar

When made by a attending physician or midwife, then the father, householder, etc., should make this return. In a case otherwise even so, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.