

(1) PLACE OF BIRTH

County of Willie Co. g.
 Township of Hope
 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
22850

Registration District No. 4301 Registered No. 76
 (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 Gladys May Browder If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>July 9, 1923</u> (Month of birth) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Theodora M. Browder</u>			(14) NAME BEFORE MARRIAGE <u>Viola Gamble</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(11) BIRTHPLACE <u>S.C.</u>			(18) COLOR OR RACE <u>White</u>	
(12) OCCUPATION <u>Farmer</u>			(19) BIRTHPLACE <u>S.C.</u>	
(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(20) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Polly Pullman

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Greenville SC

(When name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed at home)

(27) Filed July 14, 1923 (28) J. C. Blackwell 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.