

1. PLACE OF BIRTH

County of

Township of

or  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

FILE No.—For State Registrar Only

220535

Registered No.

(For use of Local Registrar)

St.:

Ward)

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

2. FULL NAME OF CHILD

Asellec Gladdey

If child is not yet named, make supplemental report as directed.

1. BOY OR GIRL

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married?

7. DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

3. FULL NAME

FATHER

Willie Gladdey

9. PRESENT POSTOFFICE OF FATHER

Philadelphia Pa

10. COLOR OR RACE

11. AGE AT LAST BIRTHDAY

30 (Years)

12. BIRTHPLACE

Fairfield Co.

13. OCCUPATION

Farm hand

14. Number of children born to mother, including present birth

10

MOTHER

14. NAME BEFORE MARRIAGE

Lula Johnston

15. PRESENT POSTOFFICE OF MOTHER

Philadelphia Pa

16. COLOR OR RACE

Black

17. AGE AT LAST BIRTHDAY

26 (Years)

18. BIRTHPLACE

Fairfield Co.

19. OCCUPATION

House wife

21. Number of children of this mother now living, including present birth

10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

2. I hereby certify that I attended the birth of this child, who was

born alive

at 7 P.M.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature

Lina Moore

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

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

Given name added from a supplemental report

192

Registrar

27. Filed

Mar-11-1929

28.

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.