

FORM NO. 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

42736

Inc. Town of ..... Registration District No. 19A7 Registered No. 55  
(For use of Local Registrar)  
City of ..... (No. Harlem 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 Charlie Gladson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth ..... (6) Are Parents Married? No (7) DATE OF BIRTH Nov 3 1905  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.  
(8) FULL NAME Robert Gladson  
(9) PRESENT POSTOFFICE OF FATHER Rogers Rd.  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Rogers Rd.  
(13) OCCUPATION Farming  
(14) Number of children born to father, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Agnes Harrison  
(15) PRESENT POSTOFFICE OF MOTHER Rogers Rd. Rt. 2  
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Rogers Rd.  
(19) OCCUPATION Cook  
(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Sarah Harrison  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rogers Rd.

Given name added from a supplemental report  
..... 191....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 191 (28) P. J. Harrison 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.