

(1) PLACE OF BIRTH
 County of Chesterfield **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of Cheraw

File No.—For State Registrar Only

67742

Inc. Town of Registration District No. 1201 Registered No. 58
 or
 City of (No. 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 J. C. Glespy If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 40 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 2, 1906
 (Name of Mother) (Day) (Year)

FATHER: (8) FULL NAME Jas. Glespy (14) NAME BEFORE MARRIAGE Roxie Crump
 (9) PRESENT POSTOFFICE OF FATHER Cheraw SC (15) PRESENT POSTOFFICE OF MOTHER Cheraw SC
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 34 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Chesterfield Co (18) BIRTHPLACE Chesterfield Co
 (13) OCCUPATION Farmer (19) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dottie Hearn
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cheraw SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "Married")

(27) Filed July 12, 1906 (28) R. D. Ingram Legal 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.