

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

File No. — For State Registrar Only

35760

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3412

Registered No. 101
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept 15 1922 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Glasco	(11) AGE AT LAST BIRTHDAY 37 (Years)
(9) PRESENT POSTOFFICE OF FATHER Prosperity Sc	(12) BIRTHPLACE Newberry Co
(10) COLOR OR RACE Black	(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5	

MOTHER.

(14) NAME BEFORE MARRIAGE Lemmer Glasco	(17) AGE AT LAST BIRTHDAY 26 (Years)
(15) PRESENT POSTOFFICE OF MOTHER Prosperity Sc	(18) BIRTHPLACE Newberry Co
(16) COLOR OR RACE Black	(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 5	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 3 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet Pitts

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct 15 1922

(28)

M. T. Gibson
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.

MADE IN THE UNITED STATES OF AMERICA
 WHITE PLAIN, N. Y. — IN CASE OF TWIN OR TRIPLETS, THIS FORM NO. 1, FILE NUMBER NO. 2, IS TO BE FILED IN ADDITION TO THIS FORM NO. 1.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.