

County of Madison
Township of Bowling
or
Inc. Town of
or
City of

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

41592

Registration District No. 1107 Registered No. 136
(For use of Local Registrar)

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 W. A. L. K.

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 8, 1922</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME W. Lynn Gladstone

MOTHER

(14) NAME BEFORE MARRIAGE Martha Barn

(8) PRESENT POSTOFFICE OF FATHER West Falls Se

(15) PRESENT POSTOFFICE OF MOTHER: *Lynd F. Fisher*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *20*
(Years)

(18) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *19*

(12) BIRTHPLACE *Christie, S.*

(18) BIRTHPLACE San Antonio, P. R.

(13) OCCUPATION
0 T 47 1220

(19) OCCUPATION 11

29) Number of children born to _____

domestic

mother, including present birth 04

(21) Number of children of this mother now living, including present birth: 04

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Abby at 5:30 P.M.
on the date above stated.

(23) (Signature) W. H. Jackson
(24) State whether Physician or Midwife ☒ (25) Address of Physician or Midwife _____

(24) State whether Physician or Midwife

Given name added from a supplemental report

(29) **Witness**

(Signature of Witness necessary only
when question 27 is checked BY MARK)

(27) Filed 1/15/11 (28) *K. Williams*

Local Registrar

When there was no attending physician or midwife then the father, householder, etc., should make this return.
If a child breathes every minute, even if not reported, still born. No report is desired of stillbirths.