

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41677

Registration District No. 1205

Registered No. 82

(For use of Local Registrar)

(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

Gladys Louise

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 16 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Spencer Sellers

(9) PRESENT POSTOFFICE OF FATHER

Ruby S.C. #1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Hendrick

(15) PRESENT POSTOFFICE OF MOTHER

Ruby S.C. #1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House work

(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 alive at 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. J. Gaskins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Phys. Mt. Croghan S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

P. B. C. Pearson

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.