

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of R. D. Bluff
 or
 Inc. Town of Marlboro
 or
 City of Se

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

File No.—For State Registrar Only
31343

Registration District No. 3305 Registered No. 123
 (For use of Local Registrar)

(2) Full Name of Child Gladis Brigman (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 3 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 12 1922
 (If child is not yet named, make supplemental report as directed)

FATHER.
 8) FULL NAME John William Brigman
 9) PRESENT POSTOFFICE OF FATHER Tatum Se
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 34 (Years)
 12) BIRTHPLACE Gibson N.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 5

MOTHER.
 14) NAME BEFORE MARRIAGE Sarah Hatcher
 15) PRESENT POSTOFFICE OF MOTHER Tatum Se
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 39 (Years)
 18) BIRTHPLACE Conway Se
 19) OCCUPATION Domestic
 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 Born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. C. McCall
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McCall Se

Given name added from a supplemental report

(26) Witness W. C. McCall
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 15 1922 (28) W. C. McCall 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.