

Form No. 1

(1) PLACE OF BIRTH

County of Frankfield
 Township of # 90
 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

30088

Registration District No. 1907 Registered No. 25
 (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 Josie Mae Gladney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ike Gladney
 (9) PRESENT POSTOFFICE OF FATHER Winnsboro S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35
 (Year) (12) BIRTHPLACE Frankfield Co. S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ellar Sanders
 (15) PRESENT POSTOFFICE OF MOTHER Winnsboro S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
 (Year) (18) BIRTHPLACE Frankfield Co. S.C.
 (19) OCCUPATION Farmer hand
 (20) Number of children born to mother, including present birth 11
 (21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:22 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caroline T. Sanders(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Winnsboro S.C.

Given name added from a supplemental report

(26) Witness Mr. E. G. Hardy

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

(27) Filed Oct. 3, 1922

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*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.

Form No. 1
 In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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