

(1) PLACE OF BIRTH

County of Newberry

Township of # 5

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.
(No. St. Ward)

(2) Full Name of Child Andrew Glasgow

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 18 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

James Glasgow

(9) PRESENT POSTOFFICE OF FATHER

Newberry R F D

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Newberry, S C

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Glasgow

(15) PRESENT POSTOFFICE OF MOTHER

Newberry R F D

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Newberry, S C

(19) OCCUPATION

Housewife

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

(23) (Signature) J. R. Abernethy

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry, S C

Given name added from a supplemental report

See 11/1/44 L. H. R.

(26) Witness

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

(27) Filed Oct 1 1922

(28) L. R. Miller

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.

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