

N. N. —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.

UNIVERSITY OF COLUMBIA, COLUMBIA, S. C.

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| (1) PLACE OF BIRTH County of <u>Georgetown</u> Township of <u># 2</u> or Inc. Town of _____ or City of _____ | | STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health | | No. <u>34493</u> <small>For Local Registrar Only</small> | |
| | | Registration District No. <u>2101</u> | | Registered No. <u>60</u> <small>(For use of Local Registrar)</small> | |
| (If birth occurs in a hospital) or other institution give name of same instead of street and number. | | (No. <u>2101</u> St.; Ward) | | | |
| (2) Full Name of Child <u>Carrie Gladson</u> <small>(If child is not yet named, make supplemental report as directed)</small> | | | | | |
| (3) SEX OR GIRL? | (4) Twin or Triplet? <small>To be answered only in event of Twin or Triplet</small> | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Oct 26 1912</u> <small>(Name of Month) (Day) (Year)</small> | |
| FATHER | | | MOTHER | | |
| (8) FULL NAME <u>Henrysey Gladson</u> | | | (14) NAME BEFORE MARRIAGE <u>Carrie Smith</u> | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.R.</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.R.</u> | | |
| (10) COLOR OR RACE <u>W</u> | | (11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small> | | (16) COLOR OR RACE <u>W</u> | |
| (12) BIRTHPLACE <u>Sampit, S.C.</u> | | (17) AGE AT LAST BIRTHDAY <u>33</u> <small>(Years)</small> | | (18) BIRTHPLACE <u>Sampit, S.C.</u> | |
| (13) OCCUPATION <u>Farming</u> | | | (19) OCCUPATION <u>Housewife</u> | | |
| (20) Number of children born to mother, including present birth <u>4</u> | | | (21) Number of children of this mother now living, including present birth <u>4</u> | | |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE | | | | | |
| (22) I hereby certify that I attended the birth of this child, who was <u>female</u> on the date above stated. <small>(Born alive or stillborn) (Hour A. M. or P. M.)</small> | | | | | |
| (23) (Signature) <u>Mary Ward</u> | | | | | |
| (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Georgetown, S.C.R.</u> | | | | | |
| Given name added from a supplemental report | | | (26) Witness <u>A. J. Tilton</u> <small>(Signature of Witness necessary only when question 25 is signed by birth)</small> | | |
| 19 <u>1912</u> <u>Oct 26</u> <u>1912</u> Registrar | | | Local Registrar | | |
| <small>*When there was no attending physician or midwife, the mother, or other person, should make this return. If a child breathes even once, it must be reported as either born or stillborn. No report is required of stillbirths.</small> | | | | | |