

(1) PLACE OF BIRTH

County of FairfieldTownship of 29OR
Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30085

Registration District No. 1908Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Frank Gladney

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? no (7) DATE OF BIRTH Sept. 16 1921 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Gladney (14) NAME BEFORE MARRIAGE Ally Gladney(9) PRESENT POSTOFFICE OF FATHER Winnabow S.S. (15) PRESENT POSTOFFICE OF MOTHER Winnabow S.S.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 36 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 29 (Years) (Years)(12) BIRTHPLACE Fairfield Co S.S. (18) BIRTHPLACE Fairfield Co S.S.(13) OCCUPATION Farm laborer (19) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 11 am on the date above stated.(23) (Signature) Ally Gladney(24) State whether Physician or Midwife (25) Address of Physician or Midwife Winnabow S.S.

Given Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Sept 23 1922 (AM) Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make the 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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