

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

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SC Court of Appeals

Appeal from Richland County

Honorable Thomas William McGee, III, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

BREONTE ALEXANDRIA GLASGOW,

APPELLANT

APPELLATE CASE NO. 2025-001004

RECORD ON APPEAL

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[THE FOLLOWING EXHIBITS ARE ON FILE WITH THIS COURT:

**COURT’S EXHIBIT 5 (VIDEO), STATE’S EXHIBIT 36 (PHOTOGRAPH), STATE’S
EXHIBIT 37 (PHOTOGRAPH), STATE’S EXHIBIT 38 (PHOTOGRAPH), STATE’S
EXHIBIT 39 (PHOTOGRAPH), STATE’S EXHIBIT 42 (PHOTOGRAPH), STATE’S
EXHIBIT 44 (PHOTOGRAPH), STATE’S EXHIBIT 45 (PHOTOGRAPH), STATE’S
EXHIBIT 46 (PHOTOGRAPH)]**

1 the truth, the whole truth and nothing but the truth,
2 so help you God?

3 THE WITNESS: I do.

4 MADAM CLERK: Please have a seat at the witness
5 stand. State your full name for the record.

6 THE WITNESS: Eric Coates.

7 **ERIC COATES,**

8 A witness herein, having been first duly sworn, was
9 examined and testified as follows:

10 DIRECT EXAMINATION

11 BY MS. CAVANAUGH:

12 Q. Dr. Coates, where do you work?

13 A. I work at a variety of hospitals, primarily it's
14 across the street, Prisma Baptist.

15 Q. Okay. And what -- what is your profession?

16 A. I work in neonatal intensive care.

17 Q. Okay. So is that -- you're neonatology?

18 A. Neonatology, that's right.

19 Q. That's your specialty?

20 A. Yes, ma'am.

21 Q. And what -- what is -- what does that mean?

22 A. Yeah. It means the care of anything related to
23 newborn babies. So any baby that's been born before they
24 go home from the hospital, it's from the spectrum of well
25 babies to critically ill babies.

1 Q. Okay. And how long have you been in that
2 position -- in that role?

3 A. Since 2006, so 19 years.

4 Q. Okay. Can you describe your educational
5 background for the jury please?

6 A. Sure. So to do what I do, you go to medical
7 school and then do three years of pediatric training and
8 then three years of subspecialty training in neonatal
9 intensive care. And so then we practice exclusively doing
10 -- taking care of babies.

11 Q. Okay. And when did you start that practice?

12 A. 2006. That's right.

13 Q. Do you have any -- do you have any certifications
14 or you're licensed, right?

15 A. Correct. Yes. I'm -- I'm licensed to practice
16 medicine in South Carolina. I'm also board-certified by
17 the American Board of Pediatrics in neonatal intensive care
18 or neonatology.

19 Q. Okay. And with the license -- licensure and the
20 certifications, do you have to retake those exams?

21 A. So we do, we have ongoing education, yes, that's
22 required. And so I am up to date on that. So we used to
23 -- we don't have to retake the big exam, but we have to do
24 ongoing continuing medical education, training, and
25 certifications as well as some ongoing research stuff.

1 Q. And have you -- have you published any articles
2 or journals related to neonatology?

3 A. I did some publication early in training and soon
4 after, yeah, but not since I've been in clinical practice.
5 So I published twice in neonatology.

6 Q. Okay.

7 A. In --- in peer review articles, journals.

8 MS. CAVANAUGH: Okay. Your Honor, at this time
9 we ask that Dr. Eric Coates be qualified as an expert
10 in the field of -- field of neonatology.

11 THE COURT: Any voir dire or objection?

12 MR. FOX: No questions and no objection.

13 THE COURT: All right. Thank you. Again, not to
14 be repetitive, ladies and gentlemen of the jury. But
15 again, most witnesses are not allowed to testify about
16 their opinion. However there is an exception when
17 someone is qualified because of education or
18 experience.

19 In this case the witness would be qualified in
20 the area of neonatology to give his opinion in that
21 area. Does not mean you must accept it but it is
22 evidence for you to use in any way you see fit and to
23 give the weight and credibility you believe is
24 appropriate. Thank you. Ms. Cavanaugh.

25 MS. CAVANAUGH: Thank you.

1 BY MS. CAVANAUGH:

2 Q. Dr. Coates, in your experience since 2006, you
3 testified 2006?

4 A. Yes, ma'am.

5 Q. Have you -- how many premature babies have you
6 cared for over the course of your career?

7 A. Oh, probably thousands.

8 Q. Okay.

9 A. Yeah.

10 Q. Okay. Does that include newborns as -- born as
11 early as 24 weeks?

12 A. Yes, ma'am. We take care of babies born as early
13 as 22 weeks of gestation. So a typical pregnancy is
14 thought to be term at 40 weeks or any time after 37. So
15 and we take care of babies. Typically, the earliest is
16 about 22 weeks of gestation.

17 Q. Okay. Okay. Did you care for the triplets that
18 are involved in this case, Infant One, Infant Three and Infant Two
19 ?

20 A. Yes, ma'am.

21 Q. Okay.

22 A. After they got transferred here to Columbia for
23 the latter part of their hospital stay, we took care of
24 them. So I'm a part -- at the time was part of a team that
25 had five physicians and each one of them would've cared for

1 them throughout the -- their hospital stay.

2 Q. Okay. And what is their date of birth?

3 A. So I printed off the -- just to refresh me
4 because it's been a few years, obviously, history and
5 physical and discharge summaries and the documents that you
6 sent me.

7 Q. Okay.

8 A. So I'll reference those if you don't mind.

9 Q. Does referring to those help refresh your
10 recollection as far as details related to --

11 A. Absolutely, yeah, just the specific details. So
12 the date of birth was [REDACTED]. That was in
13 Charlotte. And they got transferred to us later on. So
14 they were born at 24 weeks and zero days gestation.

15 Q. Okay. And so when were they transferred? You --
16 you said they were at a -- a hospital in Charlotte prior to
17 coming to here?

18 A. That's right. Yes, ma'am. That's right. They
19 were born and delivered at the Atrium Health Center in
20 Charlotte. Because mom lived in the area here, not
21 uncommonly, once the babies are stable, they'll get
22 transferred back closer to home if they deliver out of time
23 -- out of town for some reason. And so they got sent to us
24 when they were about 35 weeks gestation, corrected meaning,
25 so about 11 weeks after birth.

1 Q. Okay. So beginning at 35 weeks. And do you have
2 the dates that they were they all transferred to -- was it
3 Prisma?

4 A. It was Prisma Baptist specifically. Yes, ma'am.

5 Q. Okay. Do you have the dates that they were all
6 transferred to Prisma Baptist?

7 A. Yes, ma'am. 9/23/22.

8 Q. Okay. And all at the same -- all on the same
9 date?

10 A. I believe so.

11 Q. Okay. When they arrived to Baptist -- Prisma
12 Baptist, what -- what was their overall condition at that
13 time?

14 A. Yeah. They were at a phase of their care at that
15 point that was fairly stable. So kind of a convalescent
16 phase where they're kind of going through growth and
17 maturing through things so they can ultimately meet the
18 requirements for discharge. So by the time they got to us,
19 they were in -- they had -- they had been through sort of
20 the majority of their more complicated hospital course.

21 Q. Okay. During the time that they came to Prisma
22 Baptist, were they -- had they been progressively gaining
23 weight?

24 A. They had. Yes, ma'am.

25 Q. Okay. Do you -- in fact, do you have their

1 weights --

2 A. Sure.

3 Q. -- at date of birth to when they arrived?

4 A. Yes, ma'am.

5 Q. -- to your hospital?

6 A. Yes. So specifically for **Infant One** --

7 Q. We'll start with **Infant One**. Yes.

8 A. Yes. So he was 510 grams at birth, which is one
9 pounds, two ounces. On -- when he got discharged from
10 Atrium to come to us, he was four pounds 14 ounces, which
11 was 2,210 grams. And then -- let's see, on his discharge,
12 you want the discharge from us as well?

13 Q. Yes, please.

14 A. He was 3,226 grams on the day of discharge from
15 the -- the Baptist NICU here in town, which comes out to
16 roughly about seven pounds.

17 Q. Okay. Again, was he showing signs of -- of gaining
18 the appropriate amount of weight that you would expect to
19 see in a healthy baby?

20 A. Well, we -- yes, ma'am. So what we do for all
21 babies whether they're born prematurely or a term is their
22 growth gets plotted onto growth curves and we track it over
23 time.

24 One point in time obviously is -- is difficult to
25 differentiate much from it, so we really have to watch them

1 as they grow over time. And so we watch -- so each day
2 they're -- they're plotted and we see how they're doing.

3 **Infant One** in particular was -- we want to see babies grow
4 proportional to what we would expect, a baby born a
5 specific size. And so he was born at 510 grams, which is
6 the fifth percentile. And meaning that he was smaller than
7 95 out of 100 babies that were born at his same number of
8 weeks prematurity.

9 At the time of his discharge, he was in the 10th to
10 25th percentile. So that would tell you that his growth
11 had been consistent throughout his hospital stay for what
12 we would expect for him.

13 Q. Okay. And at the time of his discharge, was he
14 feeding independently, meaning, did he have to have
15 assistance through like IVs or -- or anything like that?

16 A. No, ma'am. So the discharge requirements for all
17 babies are pretty much the same regardless. And they have
18 to be out of an incubator, staying warm on their own,
19 maintaining their body temperature.

20 They've got to get to a point where they're able to
21 feed effectively, meaning bottle feeding and grow. They
22 also have to outgrow some of the things that we see in
23 prematurity, what premature babies will have pauses in
24 their breathing and their heart rate will slow down, things
25 like that.

1 So all those things are standard requirements for
2 babies to be discharged. So for him at the time of
3 discharge, he was taking all of his feedings by bottle,
4 feeding effectively growing, he had been on some oxygen
5 when he arrived to us from Charlotte and he had come off
6 the oxygen and was breathing comfortably just in room air
7 like you and I are. And was -- was thriving well.

8 Q. Okay. Let's move on to the other triplets.
9 Let's begin with **Infant Two**.

10 A. Okay.

11 Q. Can you tell us what his birth weight was,
12 please? One more thing about **Infant One** before we get to the
13 other triplets. Was he discharged prior to the others?

14 A. Oh, let me look at -- let's see. **Infant Two** was
15 discharged on 10/17 **Infant Three** 10/22, **Infant One** 10/26.

16 Q. Okay. So he -- **Infant One** was discharged -- he was
17 the last one to be discharged?

18 A. Yes, ma'am. It appears so.

19 Q. Okay. So moving on to **Infant Three**.

20 A. Okay.

21 Q. What was his birth weight?

22 A. Okay. He was 820 grams at birth. He was -- when
23 he arrived to us, he was 24 weeks and zero days at birth.
24 He was 35 weeks and five days on arrival here in Columbia
25 at Baptist and was 2,506 grams. So he -- he too had been

1 growing pretty consistently.

2 Q. Do you have the conversion into pounds for those
3 weights?

4 A. I do not. I can -- I have a calculator on my
5 work phone that I could sort of ballpark for you if you
6 want.

7 Q. Yes, please.

8 A. Sure. It's 2.2 pounds for a kilogram, so five
9 and a half pounds. So he was --

10 Q. And that's when he arrived?

11 A. That's when he arrived to us. He was 2,506 grams
12 or roughly five and a half pounds. His discharge on 10/22,
13 he was 3,471 grams, which is roughly seven pounds, 10
14 ounces. Let me do that again to make sure. Right. Yes,
15 ma'am. Roughly seven pounds, 10 ounces at discharge.

16 Q. Okay. So it's fair to say that he also was
17 showing improvement with gaining weight?

18 A. Yes, ma'am.

19 Q. In fact, both **Infant One** and **Infant Three** gained more than
20 two pounds within a span of a month?

21 A. Correct. And we -- what we do is we look at --
22 we have a -- as they get farther on in their course, we
23 have sort of a projected daily goal that we have for them,
24 which is about 25 grams of growth per day. And so each day
25 that we round, we look and see how much they gain on that

1 given day. But we also would look back over the preceding
2 seven days and get an estimate. And they were all
3 achieving at or around that goal of anywhere from 20 to 30
4 grams per day, which is about an ounce per day and
5 consistently growing, which is a requirement for discharge.

6 Q. Okay. And was he able to feed through a bottle
7 at discharge, **Infant Three**?

8 A. Yes, ma'am. Yes.

9 Q. And were there any issues with breathing or -- or
10 anything like that at the time?

11 A. No, ma'am. For all of them, they were all off of
12 any oxygen, breathing comfortably on their own and feeding
13 with all bottle feedings.

14 Q. Okay.

15 A. The significance of the bottle-feeding part is we
16 take for granted that bottle feeding is a -- is just sort
17 of an innate skill, but it's actually something that has to
18 be developed with time in premature babies. When they're
19 born early, they don't have the neurodevelopment to be able
20 to do that.

21 So that's oftentimes kind of what's -- what we're
22 waiting for them to go home. And they had all three
23 achieve that maturity real -- very effectively.

24 Q. Okay. Okay. Moving on to **Infant Two**, what -- do you
25 have **Infant Two's** birth weight available?

1 A. Yes, ma'am. So Infant Two was 680 grams at birth, was
2 2,209 grams when he arrived to us on transfer. And at the
3 time of discharge -- at discharge from our hospital,
4 Baptist, he was 2,863 grams. Let me convert that for you,
5 which is six pounds, five ounces roughly.

6 Q. Okay. That was his birth -- that was his --

7 A. That was his weight.

8 Q. -- weight in discharge?

9 A. That's right. Yes, ma'am.

10 Q. Okay. All right. So, similar to the others, was
11 he, too, showing signs of progressive weight gain?
12 Appropriate weight gain?

13 A. Yes, ma'am.

14 Q. Okay. And was he able to feed through a bottle?

15 A. Yes.

16 Q. Okay. Before the children -- before the babies
17 are discharged, is the caregiver provided instructions on
18 appropriate feed, how much to feed, that sort of thing?

19 A. Yes, ma'am. As part of -- you know, so when
20 babies are in the hospital with us for long periods of
21 time, usually the caregivers are present throughout that.

22 And, you know, as they get closer to going home, we
23 want to make sure that they're effective in how they feed
24 the babies. Obviously, our nurses have years and years of
25 experience and are very skilled and comfortable with it.

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And so, yeah. Another requirement for discharge is that the caregivers are all show competency not on one occasion, but on multiple occasions that they're comfortable with and can effectively feed the baby in a reasonable amount of time.

Meaning that they can take in the full goal volume of feeds that we would have for a baby in less than 30 minutes or so and feel comfortable with it. And so yeah, that's a standard expectation prior to discharge.

Q. And does the discharge summary state who the babies were going home to?

A. The discharge summary does not explicitly.

Q. Okay. Does anything in your records indicate who the babies went?

A. The medical -- that's right. The -- the medical chart otherwise would've had them being discharged to mom.

Q. Okay. When **Infant One** was discharged from the NICU, was he on any medications?

A. I believe he was just on a multivitamin, but let me confirm. I want to make sure I reference this before I misspeak, so that's correct. He was just on a multivitamin fire, which is a standard over-the-counter routine medication for all babies.

Q. Okay. And what is the fact that he was

1 discharged on just a multivitamin say to you about his
2 overall state of health?

3 A. For a baby born at 24 weeks of prematurity, as we
4 project our goals, he was probably at about the optimal
5 state. He was not -- some babies that are born at this
6 degree of prematurity have significant lung disease and
7 have to go home on oxygen or breathing support.

8 Some babies at this degree of prematurity do not
9 mature the effectiveness to be able to feed with a bottle
10 and have to go home with a surgical feeding tube that gets
11 inserted. And he had none of those.

12 Q. Thank you. I beg the Court's indulgence.

13 THE COURT: All right.

14 Q. Okay. Going back to the -- the feeding, was --
15 was there a type of formula that was recommended for the
16 mother to use on **Infant One** and the other babies?

17 A. Yes, ma'am. They're -- so they were all --the --
18 the formula they were using while they were in the hospital
19 is a hospital only formula, meaning it's not available to
20 the public. And so there is a formula that's available for
21 them when they go home. It's called NeoSure. We -- they
22 were -- we concentrated to different amounts depending upon
23 how they're doing. And so they were getting 24-calorie per
24 ounce NeoSure.

25 That's based on the standard that breast milk is

1 estimated to be 20 calories per ounce. So it's common for
2 a formerly premature baby to go home on something that's
3 got a little more caloric density to meet their growth and
4 nutritional needs.

5 Q. Okay. So that was the type of formula that they
6 went home with?

7 A. Correct. Let me --

8 Q. Excuse me.

9 A. Yeah. Let me be 100 percent sure that it was
10 NeoSure 24. That's right.

11 Q. And then it was recommended that she continue
12 with that particular formula?

13 A. That's right. So what we tell them at the time
14 of discharge is that they'll stay on this formula
15 throughout the first six to 12 months and their
16 pediatrician, who they'll see later.

17 We will -- we will plot their growth and continue to
18 do the things that we had done and ultimately make
19 adjustments if eventually they need a different formula or
20 a lower -- lower density calorie formula.

21 Q. Okay. And then along with the feeding
22 instructions, is there -- is it y'all's protocol, the
23 hospital's protocol to also teach the caregiver infant CPR?

24 A. Yes, ma'am. So the -- so each mom or dad or
25 caregiver, whoever it is, is required to have a checkoff

1 for being -- they're not certified in CPR, but they're
2 given some general instruction whether it's a video that
3 they watch with a -- a test scummy that they can practice
4 on. I think that's what we're doing in -- in 2022. It's
5 the video. In years prior to that we would do a hands-on.

6 Q. And so that's -- that's also required --

7 A. That is a requirement for -- to be discharged
8 from our unit. That's right. The -- the -- the exception
9 to that is if a parent was already previously CPR certified
10 and they had -- could show us their card showing that they
11 were fully certified in CPR, then we wouldn't make them
12 rewatch the video.

13 MS. CAVANAUGH: Okay. All right. One moment
14 please. Thank you, Dr. Coates. Please answer any
15 questions from the defense counsel.

16 THE COURT: Sure. All right. Mr. Fox.

17 CROSS-EXAMINATION

18 BY MR. FOX:

19 Q. How long was that video, that CPR video that a
20 parent is showed?

21 A. I did not know the answer to that.

22 Q. Okay.

23 A. Yes.

24 Q. It's a video you wanted to be not totally unaware
25 if something happens, correct?

1 A. Correct.

2 Q. But the -- the goal is not to have them qualified
3 in CPR?

4 A. Correct. That's right.

5 Q. That's especially even within CPR, wouldn't you
6 say?

7 A. Yes, sir.

8 Q. Right. Because an infant, you -- you can't treat
9 the same way with the same force, compressions, and things
10 the way you would with an adult of our age, correct?

11 A. Yes, sir.

12 Q. Okay. So -- and of course, that's just watching
13 a video in a non-stressful atmosphere, right?

14 A. Yes, sir.

15 Q. It doesn't hope to recreate the difficulties, the
16 emotion, the drama, if in fact your infant is -- is in
17 distress at your feet. It's hopefully give you some
18 knowledge about it, but you can't possibly recreate that
19 scenario?

20 A. That's fair.

21 Q. Okay. Why was **Infant One** the last one to have to be
22 released? Was there some event, some medical event or
23 something that caused him to be delayed?

24 A. He -- so premature babies are at higher risk than
25 even babies at term of having hernias, variety of forms,

1 whether it's an umbilical hernia, meaning a hernia right
2 around where the umbilical cord site was or in other cases
3 in the groin, what we call an inguinal hernia.

4 And so he had an inguinal hernia. Oftentimes those
5 show up later on throughout their development or while
6 they're with us. And we typically will wait to have those
7 surgically repaired until they're approaching going home.

8 The main reason is for the surgeons, it gives them a
9 larger baby with a little easier technique. And also we
10 want to make sure that the babies are resolved from their
11 more acutely problematic issues before we do something like
12 that. So, yeah. So he went home a little bit later
13 because he had hernia repair.

14 Q. Is it common for babies when they're premature
15 babies, these were very premature. You said you -- your
16 unit typically 22 weeks is about as early as you --

17 A. Yes, sir. It's a fairly standard nationwide that
18 --

19 Q. And these were 24 weeks?

20 A. 24 weeks at the time. And -- and -- and so the
21 envelope of how premature were taken care of has moved even
22 throughout my career. And -- and so yes, 24 weeks is
23 extreme prematurity. Probably --

24 Q. They weigh a pound, right?

25 A. That's right.

1 Q. They weigh a pound?

2 A. Yes, sir.

3 Q. Right. I mean, they probably could have fit just
4 about the palm of your hand. Maybe a little bit more?

5 A. Yeah. Little more.

6 Q. All right. So again, getting them used to
7 formula bottle feeding because they're not supposed to be
8 out of the room yet, correct? I mean, they're 24 weeks,
9 they're supposed to still be with mama, right?

10 A. Correct. Ideally.

11 Q. Yeah. And so was it unusual for them to have not
12 just the mechanics of feeding and the -- and the muscle
13 movements and so forth, but the toleration of formula? Is
14 that uncommon to have issues with that?

15 A. Not uncommon. Certainly. You know, every baby
16 is a little bit different whether it's babies even born at
17 term versus premature. So that's why, you know, the -- the
18 -- the -- the nice thing for babies like this, born at this
19 degree of prematurity is they're with us for long periods
20 of time. So we have long opportunities with them to make
21 sure that they achieve the goals that we have. You know,
22 again, which is tolerance of feedings, maturing through
23 feedings as well as appropriate growth.

24 Q. Other than when, in this case, Breonte Glasgow
25 was discharged, I think you said the babies were basically

1 on a multivitamin and --

2 A. Yes, sir.

3 Q. One of them might have been on iron, you know,
4 for --

5 A. It's a multivitamin with iron. Yes, sir.

6 Q. Right. Includes iron.

7 A. Yes, sir.

8 Q. Because they were basically doing good. I mean,
9 the reason they were discharged is we've got to the point
10 where they can go home and they weren't required to have
11 any special equipment at that time?

12 A. No, sir.

13 Q. And anything extra. Was there any kind of -- and
14 I don't mean medical follow up care, any kind of system in
15 place to, you know, like an in-home nurse visit or
16 something, you sometimes have after surgery, right?
17 Sometimes you have the -- the nurses that come around and
18 kind of check up afterwards, check surgical sites and
19 things. Is there anything like that available or was there
20 in -- in 2023 for new mothers, particularly for preemies,
21 for premature infants?

22 A. There are. The social workers in our unit
23 connect the moms into a system called BabyNet which
24 provides support for them after discharge.

25 Q. Is there someone that affirmatively goes out or

1 is it they're available if -- if -- if the mother reaches
2 out?

3 A. It's -- specifically that I would've been a part
4 of arranging. If there are highly predictable issues, then
5 we would prearrange to have dedicated in-home nursing to
6 potentially come in every -- a couple of times a week or --
7 or things like that.

8 So there are occasions in which we specify that. In
9 this case it did -- it was not medically necessary, so.

10 Q. There might be issues other than medical issues,
11 though, with the mother. Wouldn't that be fair to say?
12 Mental health issues?

13 A. Sure. Yes, sir. And -- and so again, we -- our
14 social workers meet the parents usually within the first
15 couple of days of the arrival of a baby, whether it's
16 through birth or transfer.

17 They do an assessment and try to intermittently meet
18 with the caregivers throughout their hospital stay and --
19 and assess for any kind of ongoing needs. If we have
20 concerns based on behavior or actions or otherwise while a
21 baby is in the hospital, of a home environment, we involve
22 -- we can involve social services, we can do home visits
23 where we go out and assess their home. None of those --
24 there were none of those red flags or concerns in this
25 particular case.

1 Q. And I'm aware of -- I'm sorry. I didn't mean to
2 cut you or anything. But those meetings and things again
3 without other red flags coming up, those were all during
4 the hospital stay, correct?

5 A. Yes, sir.

6 MR. FOX: Thank you. No further questions.

7 THE COURT: Any redirect?

8 MS. CAVANAUGH: Nothing further, Your Honor.

9 THE COURT: All right. Thank you, Dr. Coates.
10 You may step down and be dismissed.

11 (Witness released.)

12 THE COURT: All right. Ladies and gentlemen, it
13 is a little after 12:30. We'll go ahead and take our
14 lunch break. If you could be back here, we'll start
15 at 2:00. As always, please don't discuss this with
16 anybody including each other. Don't seek out or read
17 any kind of media or -- or information about the case.

18 And lastly, please keep an open mind as to all
19 issues until I have charged you on the law and
20 discharged you to begin deliberations at the end of
21 the trial. Thank you so much and we'll see you this
22 afternoon.

23 (Jury exits the courtroom.)

24 THE COURT: All right. Let the record reflect
25 the jury is -- is out of the room now. We -- we have

1 this issue that was raised by Ms. Cavanaugh about
2 reading some questions from the DSS hearing transcript
3 and having the DSS representative who was there read
4 the responses that were made by the defendant. Tell
5 me your thoughts on this, Mr. Fox.

6 MR. FOX: Well, it's a little bit unusual. That
7 was my first reaction. Again, the State said they're
8 going to rely on 801. I believe it's (d)(2) admission
9 by a party opponent.

10 I have not read through -- I've read through most
11 of this, but in looking, I don't know that really
12 there are admissions in here. There are things that
13 maybe -- or statements that might be determined as
14 self-serving, explanatory denial -- any denials.

15 Maybe there's an admission that she was a primary
16 caregiver of a child. So they're asking things about
17 what the date of the child's death, what time she
18 noticed that he was in distress or did -- things
19 clearly that could impeach her with if she were to
20 testify.

21 THE COURT: Sure. I don't have any question
22 about that, but to just admit it, it's in my mind
23 clearly for the truth of the matter asserted. I don't
24 know if that actually matters if it's under 801 party,
25 you know, it's not hearsay if it is an admission by

1 party opponent.

2 MR. FOX: I'm truly puzzled by the mechanism of
3 having just someone who's in the courtroom be the one
4 to do that.

5 THE COURT: Well and you're right. That's --
6 that's the rule is that she's here and can testify
7 about those issues, but they can't make her.

8 MR. FOX: Exactly.

9 THE COURT: And so, but under -- and that's why,
10 again, I asked about which rule this was being offered
11 under because you're right, it -- this certainly is --
12 would be typical kind of impeachment testimony if they
13 asked her the same or similar questions and then could
14 -- could use it that way. Or if -- you know, if she
15 had said that she admitted some wrongful act that
16 would be against her interest.

17 But in this case, under 801(d) (2) (A), it's not
18 hearsay and it doesn't have and the way I read it, and
19 correct me if I'm wrong, it doesn't -- it doesn't
20 require that the admission, it says admission by party
21 opponent. The statement is offered against a party
22 and is the party's own statement in either an
23 individual representative capacity.

24 And so I -- I mean, does it require that it has
25 to be a statement against interest there or is it just

1 under 801(d)(2)(A), just the party's own statement?

2 MR. FOX: Well, when you look at it in a very,
3 very brief survey of cases, it tends to come up more
4 in civil cases. To me, a statement, and in the case
5 of law, it tends to be out of court statements.

6 So this doesn't specifically say prior testimony.
7 There is an exception and a different rule about prior
8 testimony. This is a different, you know, theory of
9 that.

10 And although it doesn't define it, it doesn't
11 define statement and it doesn't define -- and it's a
12 little contradictory admission that makes --

13 THE COURT: Well, it does state 801(A) defines
14 statement. A statement is an oral or written
15 assertion.

16 MR. FOX: Right.

17 THE COURT: And so, you know, again, you're
18 right. I mean, there are exceptions and that's kind
19 of why what I'm wrestling with is if it was only for
20 an oral statement against interest, there's already a
21 rule for that.

22 And so and just as you point out, I've got on
23 Westlaw and just searched for 801(d)(2)(B) and got
24 four cases. So I mean, it's not one that's -- that's
25 used, you know, fairly often. There are a couple of

1 civil cases on there. The criminal ones tended to be
2 statements against interests that were overheard by
3 third parties or a statement that was made in the
4 presence of a criminal defendant. And because the
5 criminal defendant didn't refute the statement, was
6 deemed to have affirmed it.

7 MR. FOX: Yes, sir.

8 THE COURT: And so I was hoping, of course, there
9 was going to be a case that was similar to this, but I
10 don't see it. But again, if you look at the plain
11 language of the Rule 801 statements, which are not
12 hearsay, a statement is not hearsay if the statement
13 is offered against a party and is the party's own
14 statement in either an individual representative
15 capacity.

16 Tell me -- I mean, tell me how that doesn't fit
17 in there, in -- into that reading of -- of the rule.
18 And that's just the -- just the text of the rule. I
19 didn't summarize it and I haven't had this either, so
20 I'm not asking -- you know, I'm not -- tell me -- tell
21 me how this doesn't fit in.

22 MR. FOX: I think former testimony is covered by
23 a different rule. I don't know that it isn't, Judge.

24 THE COURT: Well, former testimony, that's when
25 the witness is unavailable, right?

1 MR. FOX: Yeah. She's not an unavailable
2 witness, so that wouldn't apply.

3 THE COURT: Right. And so again, if -- if that
4 were the requirement of 801(d)(2)(B), then that would
5 be identical to the prior testimony. And so what
6 would the reason be to have two separate Rules if they
7 cover the exact same thing?

8 MR. FOX: Exactly.

9 THE COURT: And so, Ms. Cavanaugh, I don't mean
10 to cut you out of this, but I mean that's how I'm
11 reading it. It typically is used for impeachment
12 purposes or if somebody is not there, they've left the
13 State, they're beyond subpoena power. But give me
14 your argument as to why this does fit 801(d)(2)(B).

15 MS. CAVANAUGH: D(2)(B) or (d)(2)(A)?

16 THE COURT: Oh, (d)(2)(A). I'm -- I'm sorry.

17 MS. CAVANAUGH: Yes, Your Honor. Well, she -- I
18 mean, it's a statement.

19 She's -- regardless of whether they're denials
20 or, I mean, even silence, there's case law about how
21 under *State v. Torrance*, which is 305 SC 45, you know,
22 testimony that defendant was silent in response, in
23 that case it was an accusation, is admissible.

24 So it doesn't necessarily have to be assertions
25 or but -- I mean, it is just like the rule says it's a

1 statement offered against party opponent and it's its
2 own statement in an individual capacity. There is no
3 separate rule to deal with this. I also researched
4 case law and, you know, I guess, typically because
5 when you're dealing with prior testimony related to a
6 defendant, it is typically self-serving.

7 So it's not really ever used. So I imagine
8 that's why there's a case law on it. However in
9 addition to it fitting under this rule very clearly,
10 it's also different from some of the statements that
11 have been admitted that she made to Mastrianni.

12 So that's why it's also relevant in this case.
13 And by admitting it, we're not -- I mean, there's no
14 -- they're not forcing her to testify just as if we
15 were admitting a statement through an investigator,
16 that -- that doesn't mean we're forcing her to
17 testify.

18 So there's nothing about prior testimony that
19 would not fit under rule 801 about -- from the
20 defendant's prior testimony that would not fit under
21 801(d) (2) (A).

22 THE COURT: All right. Okay. And -- and that --
23 I hadn't thought of that, but you're right. I mean,
24 if there's self-serving or I didn't do it type of
25 testimony, rarely, I guess, would the prosecution or

1 the State want that admitted. But the facts of this
2 case, I suppose, make that a little bit different
3 here. Mr. Fox.

4 MR. FOX: Just briefly too, again, the very free
5 will cases that we've seen, those certain -- those
6 seem to be situations where a person came in and
7 testified about, in other words, I heard, I observed
8 or I didn't hear this person, rather than the
9 clearance actual testimony. Right. Or written
10 statement notice of someone coming in saying, you
11 know.

12 THE COURT: Right. Well, that kind of cuts both
13 ways because you got -- you know, this is a certified
14 sworn statement transcript. I mean, so you know, it
15 -- you know, that's a -- that's even a little
16 different than, you know, a -- a co-defendant or -- or
17 a witness overhearing something or somebody not saying
18 anything and it being deemed to adopt a statement that
19 was made in their presence.

20 MR. FOX: And I do wonder whether -- and I -- and
21 I don't know the answer to this either, but mechanics
22 given that -- given that the case law seems to
23 contemplate, or at least to have involved a witness,
24 and I know the DSS person here say I was there, I
25 heard it.

1 THE COURT: Right.

2 MR. FOX: But I wonder whether her reading from
3 the transcript is the right way to do that.

4 THE COURT: What would be the right way?

5 MR. FOX: Well, maybe she has to come in and
6 testify from memory as another witnesses do it in
7 these other cases.

8 THE COURT: Well, again, they're -- they're --
9 they're seeking to admit your client's statement, not
10 what -- her recollection. I mean, she can certainly
11 say, yeah, I was there and she said that light was
12 green.

13 I mean, but they want to admit under a different
14 Rule, the statement from the -- the defendant in the
15 case, the prior statement under this Rule.

16 So I mean, she certainly could give an overview
17 of what she remembers, but they're not as interested
18 in that as they are the words that your client spoke
19 upstairs.

20 MR. FOX: I understand. Would any -- and this is
21 purely a question. Would any person present in the
22 Court do or the Bailiff, the Court Reporter, the
23 Clerk, any person or any just lay person sitting in
24 the audience be qualified to come in and say, I was
25 there and I've been handed a certified transcript and

1 I'm going to now read it to you?

2 THE COURT: Well, I mean, I've had, you know,
3 plenty of times, and this is on the civil side where
4 there -- where there've been read transcripts in and
5 it's been anywhere -- anybody from a party or a -- a
6 -- when I was a law clerk, I read some of them. I
7 mean, I don't think it makes any difference, again,
8 you know, whether it -- who actually reads it, I don't
9 think is -- is as big of a deal is they just want the
10 words in.

11 I mean it -- if she was there and says, "Yes, I
12 was there. I've read this transcript, it appears --
13 you know, it's a certified transcript, but it appears
14 to be accurate."

15 I mean, I see all this, I remember some of it.
16 She seems like the natural person to -- to read it in.

17 But again -- and I know you just -- and I know
18 you just got some of this as well, so if -- if, if you
19 want, I mean, I'm happy for you -- if you want to do
20 some research or whatever, but what I need is a case
21 or some authority that says that this doesn't fit
22 801(d)(2)(A) because the way that I read the rule, it
23 seems to incorporate that or cover that.

24 I think that it would be, if -- if your client
25 took the stand, it would be admissible under -- might

1 be admissible under other rules or, you know, if she
2 was unavailable it might be under other Rules. But
3 this seems to fit what they want to do. I don't see a
4 case that addresses it, but if you can find some
5 authority, I'm happy to consider it.

6 So if you want -- we can -- we come back in an
7 hour -- you know, an hour. We usually get back what,
8 15 -- 10 or 15 minutes beforehand anyway. But I'll be
9 glad to hear any final arguments.

10 I'm going to look as well, but I'll -- the next
11 witness is the one that will do that. Is that right?

12 MS. CAVANAUGH: Yes, Your Honor.

13 THE COURT: Okay. All right. So, I'll just say
14 -- I'll just say this, unless I find something, or
15 unless I'm presented with some authority that shows
16 that what Ms. Cavanaugh wants to do is outside the
17 scope of that Rule, I'll allow it in. If you have any
18 other objections or anything, I'll certainly hear that
19 before we bring the jury in.

20 Or if you have any authority that -- that -- that
21 you'd like for me to consider, I'll do that, too. All
22 right. We'll be adjourned for about an hour until
23 about 10 until 2:00.

24 MR. FOX: Yes, sir.

25 THE COURT: All right. Thank you, all.

1 (Recess was taken.)

2 (Off the record conversation.)

3 THE COURT: All right. Okay. Over lunch again,
4 I looked over at South Carolina and in fact that
5 section is the same as the federal rule. So I looked
6 at South Carolina district court and couldn't find
7 anything with factually similar to this. So there
8 might be something out there. It's only been -- I'm
9 not the -- the most efficient researcher, but it's
10 been 45 minutes or so that I -- I looked at it. Mr.
11 Fox, any better luck on your end?

12 MR. FOX: No, not in terms of the finding case
13 law.

14 THE COURT: All right.

15 MR. FOX: Probably like everybody asking to, you
16 know, pick the brains of larger legal minds. I have
17 few. There were some thoughts about, you know --

18 THE COURT: Yes, sir. I'm happy to hear anything
19 that you want to put on the record.

20 MR. FOX: The only thing is the things that were
21 brought to my attention that had occurred to me was
22 number one, what case law varies. I think I alluded
23 to this before, really seems to indicate a statement
24 against interest.

25 It says admission by party opponent, but

1 necessarily all the actual scenarios seem to be a
2 statement against interest in some form or fashion.
3 Sometimes by silence, sometimes by implication. And
4 so I would say the State, I -- I think an awful lot of
5 this transcript is her denying things, and I know why
6 they would like to put some of these denials on the
7 record.

8 THE COURT: Right.

9 MR. FOX: But they're not specifically a
10 statement against interest. Right. In other words,
11 did you see such and such and did you see the child's
12 ribs?

13 THE COURT: Right.

14 MR. FOX: Didn't see the child's ribs. I'm not
15 sure that's a statement against interest. It may not
16 be jury may not find it believable.

17 THE COURT: Right.

18 MR. FOX: That's a different thing than an
19 admission of I acknowledged and saw these injuries, I
20 caused these injuries. And that's just, you know, by
21 example.

22 THE COURT: Right. Well, I guess, it might not
23 be a statement against interest for the abuse part for
24 the affirmative, you know, did you hit or strike or
25 anything, but it might be a statement against interest

1 as to the neglect part.

2 If they say and I read some of it, this obviously
3 isn't all of it, but just for -- to use your example,
4 did you see that the child had cuts on his back or was
5 that -- his penis was sore and -- and swollen? No, I
6 didn't see any of that.

7 I mean, so I understand that she's denying
8 liability or responsibility for it, but as far as the
9 it -- you know, it's child -- it's homicide by child
10 abuse or neglect, from the neglect standpoint, it may
11 be a -- a statement against interest, but I -- again
12 -- go ahead.

13 MR. FOX: Well, that was -- that was that point.
14 The other two matters was that this was a transcript
15 from a family court hearing that was done in August of
16 2023 after she was arrested in jail. She was
17 represented by counsel.

18 THE COURT: Was it? Is that --

19 MR. FOX: It's in August.

20 THE COURT: Oh, okay. Yes.

21 MR. FOX: So this is the parental hearing. This
22 is the --

23 THE COURT: Right. Right.

24 MR. FOX: Right. The termination of parental
25 rights hearing after the EPC. And she was represented

1 by counsel -- by Dion O'Neal. I don't know family
2 court procedure. Weirdly, she was called as a witness
3 by the attorney for the State.

4 THE COURT: Right.

5 MR. FOX: And I guess that must be allowable, I
6 found that a little strange, but there's no indication
7 that she was ever -- of course, it's not a Miranda
8 issue, but that she was ever advised that, you know,
9 by the way, this may be used -- this is sworn
10 testimony or these are statements, this may be used
11 against you down the road. Just understand. There's
12 no indication the court covered anything or covered
13 her right to not testify, which I assume she had. To
14 not come up as a witness.

15 I don't know what discussions she had with her
16 attorney, but I think the Court could and should have
17 gone over that with her. So I think it's really a due
18 process argument more than the Fifth Amendment
19 argument.

20 But that she should have been alerted that, hey,
21 there could be some consequences down the road. And
22 by that time, she's in custody, she's being
23 prosecuted.

24 So the Court is certainly aware, and the Court
25 was certainly aware of her situation, that there was

1 something beyond consequences in family court in the
2 termination hearing.

3 THE COURT: Right. And that's something that --
4 that I hadn't looked into. I guess -- tell me, Ms.
5 Cavanaugh, what your response is to that issue?

6 MS. CAVANAUGH: Well, just as Mr. Fox says, she
7 was represented by counsel. Ms. Browder was present
8 also during the merits hearing. And her criminal
9 defense lawyer at the time was Robert Forney was also
10 in there -- in family court.

11 In these hearings, the defendant does have the
12 ability to plead the Fifth, if that is what they
13 choose to do. And she did not do that in this case.

14 THE COURT: All right. So her family court --
15 she -- she had her family court lawyer and her then
16 lawyer for this -- for the criminal matter was
17 present?

18 MS. CAVANAUGH: Yes, Your Honor.

19 THE COURT: Okay. And -- and, of course, at that
20 -- at that point in time, Ms. Browder, or any member
21 of y'all's office or law enforcement could not go up
22 to her and ask her any questions because she had --
23 she had counsel and she had already been Mirandized
24 and said, I don't want to talk to you -- to you all.
25

1 But -- all right. How -- how about that? She's
2 got two lawyers there. One of them who is on the
3 criminal case.

4 I mean, certainly if there's anybody that knows
5 the effects of making statements while there's a
6 pending criminal investigation may or may not be the
7 family court lawyer but certainly would be her
8 criminal lawyer at the time.

9 MR. FOX: Well, that's not sufficient for the
10 constitutional argument, Judge. We do that all the
11 time in General Sessions where they're represented by
12 attorneys and we go through -- Your Honor, goes
13 through a plea colloquy if there's a guilty plea.
14 Doesn't just assume that the client knows the rights,
15 and that's done partly to protect the integrity of the
16 plea, but is to fully advise a client of their rights,
17 whether they have an attorney or don't have an
18 attorney. We do that before a client takes -- a -- a
19 defendant takes the stand. You will do that with Ms.
20 Browder.

21 You will discuss with her on the record, separate
22 from any interaction I've had with her and Ms. Coley.

23 Ms. Browder, you understand your rights, you
24 understand if you testify you're subject -- I mean,
25 you'll go through all those things that are invoked by

1 her testifying or not.

2 You'll tell her that if you don't testify, the
3 defendant, that Your Honor will instruct the jury that
4 they cannot, as a matter of law, consider that. So we
5 do things to cover.

6 I have no idea what Mr. Forney and Mr. O'Neill
7 discussed with her. I would like to assume they did
8 discuss that fact with her. However, I think there's
9 got to be something on the record from the Court.

10 THE COURT: Well, what about if there's somebody
11 that's charged with a felony DUI and they're being
12 sued in civil court and their deposition is being
13 taken.

14 Plaintiff's lawyer say -- ask a question: "How
15 much you had to drink that night?" I mean, there's no
16 affirm -- I mean, certainly anything that he or she
17 says at that point might open them up to some -- some
18 detriment on the -- on the criminal case. Would that
19 not be admissible unless some civil lawyer made sure
20 to -- to read all that out?

21 I mean, if they've already been Mirandized,
22 they've got counsel representing them, I mean, how
23 much more do they have to have?

24 MR. FOX: Well, I don't know in the civil context
25 that they would, but in this context, aside from she

1 was being actively prosecuted at that time.

2 THE COURT: Right.

3 MR. FOX: And her prosecutors were living in the
4 courtroom.

5 THE COURT: Right.

6 MR. FOX: There couldn't have been anyone in the
7 courtroom who didn't know what the status was, that
8 she was -- there was an active ongoing criminal
9 prosecution.

10 THE COURT: All right.

11 MR. FOX: And according to Ms. Browder, Mr.
12 Forney, her criminal attorney was not present. Mr.
13 O'Neill was, I wasn't there either way. I don't know.
14 He certainly didn't make any appearance on her behalf.

15 THE COURT: Right. Well, I -- I wasn't there, so
16 I have no idea.

17 MR. FOX: I know. Sure.

18 THE COURT: I -- I'm told that he was there and
19 that Ms. Browder were there. I wasn't there. I don't
20 go anywhere close to family court stuff at any point
21 in time. I'm told that he was there. I don't know if
22 he was there or not.

23 MR. FOX: But honestly, from my argument, I don't
24 think it makes a difference.

25 THE COURT: Okay.

1 MR. FOX: Again, we take precautions to make sure
2 the defendant is fully advised in other context. And
3 again, at this moment, August '23, she was being
4 actively prosecuted as a -- a criminal matter.

5 THE COURT: All right.

6 MR. FOX: And taken sworn testimony from her.

7 THE COURT: Yes, sir. All right. Well, I mean,
8 I think that's an -- an interesting argument. I do.
9 But I -- I'm going to respectfully overrule your
10 objection as to the use of the transcript based on
11 801(d), what is it? 801(d)(2)(A).

12 And as far as the -- the -- whether she had to be
13 Mirandized or whether the Court had some duty to do a
14 colloquy or make her aware, I'm not aware of any
15 requirement of that.

16 And so again, you're protected on the record with
17 your objections, but I respectfully overrule that
18 objection and will allow it to move forward.

19 MR. FOX: Yes, sir. And then the final issue,
20 now that you've allowed it, is that our request or
21 objection would be that it not come from Ms. Taylor,
22 the DSS. They were an interested party in this,
23 remain an interested party.

24 THE COURT: Right.

25 MR. FOX: And I think it would be better, and as

1 Your Honor alluded to the practice and other contacts
2 has been to have a law clerk or some neutral party
3 read that, that way there's no appearance or, you
4 know, nothing about the -- the man in the room with
5 its red or anything else from Ms. Taylor not having an
6 interested party up there testifying to -- not
7 testifying, but --

8 THE COURT: I understand what you are saying.

9 MR. FOX: As far as the contents of the -- of --
10 of the testimony itself.

11 THE COURT: Right.

12 MR. FOX: She could testify about other matters
13 that might be relevant from being at that hearing
14 because I believe she was there.

15 THE COURT: Right.

16 MR. FOX: But in terms of the transcript being
17 read, we would request it be done by some neutral
18 party like a clerk.

19 THE COURT: Ms. Cavanaugh, what -- what say you
20 do that?

21 MS. CAVANAUGH: Well, Your Honor, she's -- I
22 mean, the -- she is reading a certified transcript.
23 The certification is on the back.

24 THE COURT: Right.

25 MS. CAVANAUGH: As long as the Court instructs

1 her not to use a certain tone of voice when she's
2 reading the answers, I mean, I think that's
3 sufficient. I don't see her -- I mean, they have a
4 copy of the transcript.

5 You have a copy of the transcript. I don't see
6 her misreading the words purposely just because she
7 was an interested party. I mean, she was there. She
8 will be able to say, "Yes, I -- this is a certified
9 transcript from that hearing. It accurately reflects
10 what I heard there."

11 And then I'm just going into straight reading the
12 question. She's reading the answer that was
13 transcribed by the court reporter. I don't see what
14 her being an interested party has to do with reading a
15 -- a certified transcript.

16 THE COURT: All right. Did -- are you planning
17 to do that in -- at the beginning, the middle, the
18 end, or throughout? Just for my curiosity.

19 MS. CAVANAUGH: That's really the whole point of
20 Ms. Taylor's testimony is.

21 THE COURT: So once she -- so you expect that
22 after that towards the end of your direct examination
23 will be when she reads that after you, lay the
24 groundwork for when the hearing was and who was in
25 attendance and all that?

1 MS. CAVANAUGH: Yeah. It'll be a very -- I don't
2 -- I mean, I'm not going to go into specifics of who
3 was in attendance. I'll establish that there are
4 several lawyers present.

5 THE COURT: Right.

6 MS. CAVANAUGH: You know, she was present. She
7 was -- she witnessed the defendant being sworn under
8 oath to testify truthfully, and then just go straight
9 into the actual transcript. I'm not getting into any
10 part of Ms. Taylor's role in the investigation or
11 anything like that.

12 THE COURT: Right. Well, Mr. Fox, are you
13 concerned that she's going to stress certain things or
14 roll her eyes or -- or give some kind of intonation
15 that -- is problematic or I'm trying to understand
16 what the -- I mean, I could see if that's the case, if
17 she -- you know, had -- has something like that that
18 shows some kind of bias. Is that what you're
19 concerned about?

20 MR. FOX: I am. I think, Your Honor and I don't
21 know Ms. Taylor, again.

22 THE COURT: I don't either.

23 MR. FOX: But if, Your Honor, I think would
24 instruct if you're going to allow, if you would just
25 instruct her that it should be --

1 THE COURT: Okay. All right.

2 MR. FOX: -- just kind of reading it without any
3 emphasis on any particular words.

4 THE COURT: Sure. I -- I'll do that. Is she in
5 here?

6 MS. CAVANAUGH: She's outside the courtroom.

7 THE COURT: If you wouldn't mind bringing her in.
8 And before I bring the jury in, I'll make sure to do
9 that. And -- and Mr. Fox, if you think that that
10 occurs, you can object, we'll clear the jury out and
11 if that's the case, I'll put my clerk up to do it.

12 But I -- just moving people around and saying
13 that she's going to get up to this point and then
14 we're going to have somebody that they don't know who
15 it is, come up there and do it. I just don't want to
16 confuse folks and interject somebody like that, but
17 I'll make sure.

18 MR. FOX: Thank you.

19 THE COURT: Yes, sir. Oh, that's fine right
20 there. We're not going to get you to testify. I just
21 wanted to -- and your name please?

22 MS. TAYLOR: Emily Taylor.

23 THE COURT: All right. Ms. Taylor, at some point
24 during your direct examination, you -- you're going to
25 be asked to read certain parts of the transcript of a

1 hearing of the DSS matter, I believe, that you were in
2 attendance at, on August 21st, 2023.

3 I just want to -- before the jury is here, and
4 I'm -- I'm not saying that you would do this or any --
5 you know, anybody's accused you of wanting to do this,
6 but it will be important when you're reading that not
7 to give any kind of emphasis or intonation to -- you
8 know what I mean? We're just -- it's going to be a
9 flat reading of it.

10 Not to put any emotion into it to -- because
11 otherwise that would essentially be your
12 interpretation of -- of how she would've been at the
13 hearing.

14 And -- and we don't want that, we just want the
15 black and white words read in. You -- you understand?

16 MS. TAYLOR: Yes, sir.

17 THE COURT: Okay. All right. I just wanted to
18 make sure that that was the case. And again, I'm not
19 implying or saying that you could've done any
20 differently, but we just want to put that on the
21 record. Okay?

22 MS. TAYLOR: Yes, sir.

23 THE COURT: All right. Do y'all mind if we -- if
24 she -- do y'all -- does she need to go back out since
25 we're going to bring the jury right in or --

1 MS. CAVANAUGH: She can just stay.

2 THE COURT: Yeah. If you just want to sit -- if
3 you just want to sit in the row behind -- right behind
4 right there. You don't need to go all the way back in
5 the hallway. Since we're --

6 MR. FOX: I'm sorry. One last thing.

7 THE COURT: Yes.

8 MR. FOX: I noticed two deputies.

9 THE COURT: Yes.

10 MR. FOX: And my understanding was from our
11 conversations about Mr. Glasgow being shackled, that
12 if there were in fact two deputies available in the
13 courtroom that Your Honor would consider removing her
14 leg shackles as well.

15 THE COURT: Are they -- are y'all going to be in
16 the whole time? Okay.

17 THE DEPUTY: Just the -- just about the chains.

18 THE COURT: Okay. All right.

19 All right. You can bring in the jury please,
20 ma'am. Oh, while she's getting the jury, anything
21 else from the State?

22 MS. CAVANAUGH: No, Your Honor.

23 THE COURT: All right. Anything from the
24 defense?

25 MR. FOX: No, sir.

1 THE COURT: All right.

2 (The jury enters the courtroom.)

3 THE COURT: Thank you, ma'am. All right. State
4 may call its next witness

5 MS. CAVANAUGH: State calls Emily Taylor.

6 MADAM CLERK: Do you swear or affirm that the
7 testimony you're about to give in this case to be the
8 truth, the whole truth, and nothing but the truth, so
9 help you God?

10 THE WITNESS: Yes, ma'am.

11 MADAM CLERK: Thank you. Please have seat on the
12 witness stand. State your full name for the record.

13 THE WITNESS: Emily Taylor.

14 THE COURT: All right.

15 **EMILY TAYLOR,**

16 A witness herein, having been first duly sworn, was
17 examined and testified as follows:

18 DIRECT EXAMINATION

19 BY MS. CAVANAUGH:

20 Q. Good afternoon, Ms. Taylor.

21 A. Good afternoon.

22 Q. Where do you work?

23 A. South Carolina Department of Social Services.

24 Q. And how long have you worked with South Carolina
25 DSS?

1 A. Over seven years now.

2 Q. And what -- what is your title at DSS?

3 A. I work within Richland County, I'm an
4 investigation supervisor.

5 Q. Okay. Now was there a hearing related to the DSS
6 case in regards to Breonte Glasgow?

7 A. Yes, there was.

8 Q. And did that involve her -- her children?

9 A. Yes, ma'am.

10 Q. Infant One -- well, Jasper, excuse me. Jasper.

11 Infant Three -- Infant Three?

12 A. Yes, ma'am.

13 Q. Infant Two?

14 A. Yes, ma'am.

15 Q. And then her -- her daughter?

16 A. That's correct.

17 Q. Okay. Were you present during that hearing?

18 A. Yes, ma'am, I was.

19 Q. And when did that hearing take place?

20 A. It was back in August of -- can I refer to my
21 notes?

22 Q. Yeah. What -- what are you referring to in here?

23 A. The official transcript that I was provided by
24 the Solicitor's Office.

25 Q. Okay. And what is the date of that hearing?

1 A. August 21st, 2023.

2 Q. And you stated that you were present during the
3 hearing?

4 A. Yes, ma'am, I was.

5 Q. Okay. And is this -- what's marked as Court's
6 Exhibit 4, does this accurately reflect the transcript that
7 you have?

8 A. Yes, ma'am, it does.

9 MS. CAVANAUGH: Your Honor, I just ask to admit
10 the transcript as the Court's Exhibit Number 4?

11 THE COURT: Any objection as a Court's Exhibit?

12 MR. FOX: No, Your Honor.

13 THE COURT: All right. Without objection, so
14 admitted.

15 (Court's Exhibit 4 admitted into evidence.)

16 BY MS. CAVANAUGH:

17 Q. Now, during the hearing on August 21st, 2023, did
18 defendant, Breonte Glasgow, did she testify?

19 A. Yes, ma'am.

20 Q. Okay. And prior to providing testimony in that
21 hearing, was she sworn under oath to tell the truth?

22 A. Yes, ma'am. She was.

23 Q. Was she asked just like every witness to place
24 her hand on the Bible?

25 A. Yes, ma'am.

1 Q. And did she swear to tell the truth prior to
2 testifying?

3 A. Yes, ma'am.

4 Q. Ms. Taylor, I'm going to go through some of that
5 testimony. And again, you stated that you were present at
6 that hearing?

7 A. Yes, ma'am, I was.

8 Q. Okay. And have you had a chance to review the
9 transcript from that hearing as it relates to her
10 testimony?

11 A. Yes, ma'am, I have.

12 Q. And does that transcript accurately reflect what
13 you heard during that hearing related to her testimony?

14 A. Yes, ma'am. It does.

15 MS. CAVANAUGH: So Your Honor, for the purposes
16 of -- of logistics and how to read this, I'll ask the
17 questions and I'll have Ms. Taylor respond with the
18 answer from Ms. Glasgow, if that pleases the Court.

19 THE COURT: All right.

20 (Reading from transcript.)

21 BY MS. CAVANAUGH:

22 Q. What time did **Infant One** die?

23 A. According to the hospital, I believe 12:42.

24 Q. And so just to clarify for the jury, you're
25 reading her answers?

1 A. That is correct.

2 Q. In response to questions asked by the lawyers?

3 A. That is correct.

4 Q. When did you find him dead?

5 A. Around, I believe 9:00 -- 8:00 or 9:00 that
6 morning.

7 Q. 8:00 or 9:00 is when you last saw him alive?

8 A. No.

9 Q. When did you find him dead?

10 A. Around 8:00 or 9:00.

11 Q. Why did you wait three hours or longer before you
12 called 911?

13 A. I did not wait longer. I called immediately when
14 I realized he was not -- or he wasn't breathing.

15 Q. All right. But if you found him around 8:00 or
16 9:00, and you didn't call 911 until 11:30, what happened in
17 between the time that you found him dead and that you got
18 him help?

19 A. Well, I called 911 and I performed CPR on the
20 call and they come and got him on the ambulance and they
21 went to the hospital and they pronounced him deceased
22 around 12:42.

23 Q. Was he breathing when he left your house?

24 A. I don't believe he was.

25 Q. How did he get these injuries?

1 A. I'm not sure. I do not know how he has sustained
2 the injuries.

3 Q. Who else took care of the triplets from the time
4 they were released from the NICU?

5 A. Other than myself, it was their father and then I
6 hired a babysitter.

7 Q. Who was the babysitter?

8 A. Her name is Makala Greene.

9 Q. How often did she babysit?

10 A. At least six days a week.

11 Q. Why?

12 A. Because I work.

13 Q. Well, you work from home, don't you?

14 A. Correct.

15 Q. All right. How often did Jasper come over?

16 A. About three times a week.

17 Q. You have no idea as to how your child got these
18 injuries?

19 A. I do not.

20 Q. And how about **Infant Three**? How did **Infant Three** get all
21 his injuries?

22 A. I'm not sure.

23 Q. How did he get the bruises and marks on his face?

24 A. I'm not sure.

25 Q. Bruises and marks on his body?

1 A. I'm not -- I do not recall even seeing bruises
2 and marks on him.

3 Q. All right. How about **Infant Two**? How did he get his
4 injuries?

5 A. The same.

6 Q. The same what?

7 A. I don't recall.

8 Q. You don't recall seeing any of those injuries?
9 Were you the primary caregiver of these children?

10 A. At the time, I am their mother. They lived in my
11 home with me, but I did have other people watching them for
12 me.

13 Q. Well, right now you said it was Jasper and the
14 babysitter?

15 A. Correct.

16 Q. How much were you feeding **Infant One**?

17 A. He -- I gave him an eight-ounce bottle, however,
18 he only consumed two ounces, two ounces and two ounces. So
19 up until eight, which I gave him two ounces, burped him
20 because he would spit up, gave him another two ounces,
21 burped him all the way up until eight ounces.

22 Q. For how much period of time?

23 A. 3, 6, 9, 12 schedule.

24 Q. I'm going to show you this photograph. This is
25 the photograph of **Infant One** after he died. Look at his back.

1 How long had his back looked like that?

2 A. Are those marks on his bones?

3 Q. Back.

4 A. I see a --

5 Q. How long did it look like that?

6 A. I don't recall. I just see a cord -- I don't.

7 Q. All right. Let me show you another one. Here's
8 one, top of that is his back. How long did he look like
9 that, where you could see his ribs?

10 A. I'm not sure because that looks like a cord
11 region from the previous picture.

12 Q. Do you see his ribs in that picture?

13 A. I do not.

14 Q. You don't see his ribs in that picture?

15 A. I do not.

16 Q. Do you see --

17 A. I do see.

18 Q. His shoulder blade?

19 A. I do.

20 Q. All right. Look at the back of his head.

21 A. Uh-huh (affirmative).

22 Q. What is missing from the back of his head?

23 A. Hair.

24 Q. How long did he look like that?

25 A. When he come home from the hospital, he was

1 missing hair in the back of his head.

2 Q. Did you see a problem with that?

3 A. I did not.

4 Q. All right. Let's look at this picture. Here's a
5 picture of his penis, swollen at the top. How long did it
6 look like that?

7 A. I'm not sure.

8 Q. You're not sure how long?

9 A. No, ma'am.

10 Q. Was it longer than a day?

11 A. From that picture, it looks like it could have
12 been a day.

13 Q. Was it longer than a day?

14 A. I'm not sure.

15 Q. How about this picture of the other side of his
16 head? Do you see a bruise on the other side of his head?

17 A. I do see a mark on the other side of his head.

18 Q. How long did he have that?

19 A. I'm not sure.

20 Q. All right. Let's take -- let's look at this
21 picture of the front of him from his waist up. Do you see
22 his ribs in that picture?

23 A. I do.

24 Q. How long did he look like that?

25 A. From my understanding, that's the picture from

1 the hospital and I noticed it at the hospital.

2 Q. That's the first time you saw his ribs like that?

3 A. Correct.

4 Q. At the hospital?

5 A. Correct.

6 Q. You didn't see him like that for the months
7 before he went to the hospital?

8 A. I did not.

9 Q. Why did you delete the video from your phone?

10 A. I did not delete that video.

11 Q. Who else had control of your phone?

12 A. The babysitter and her kids.

13 Q. The babysitter had your phone?

14 A. And her children. Correct.

15 Q. Why did they have your phone?

16 A. Her daughter was making a collage for my son. He
17 passed that day and she was making a collage of pictures
18 for him. So I'm assuming that the video may have been
19 deleted to get space for the pictures for a collage.

20 Q. Did they delete the video that you posted on
21 Facebook showing you knew how to do CPR on an infant?

22 A. I don't -- I don't know.

23 Q. Did -- did they delete the video that you had on
24 your phone showing your babies were coming home from the
25 hospital? Once for **Infant One**, once for **Infant Two**, once for

1 **Infant Three**. Did you delete any of those?

2 A. Well, I didn't have a video for **Infant One** coming
3 home because once again my phone was at the house with the
4 babysitter when I went and picked **Infant One** up. But I'm not
5 aware of them being deleted.

6 Q. Did they delete the video of you having a party,
7 having a good time?

8 A. I'm not sure.

9 Q. Did they delete the video that you had from when
10 you were pregnant?

11 A. I'm not sure.

12 Q. Was that -- was that talking and taunting your
13 child?

14 A. I don't believe so.

15 Q. Who do you think it was?

16 A. Well, what I can say is from the video that I
17 watched, it was very disturbing to me to watch.

18 Q. Who took the video?

19 A. I'm not sure.

20 Q. Did you find this video that seriously appeared
21 on your phone and asked who else had your phone?

22 A. No, I never -- I never knew about the video.

23 Q. When was the last well-child check for any of
24 them?

25 A. The last well-child check for **Sister** was her

1 15-month check where she received shots. And then for the
2 boys, [Infant Two], [Infant One] and [Infant Three] is -- was November of 2022.

3 Q. Did your mom -- did your mom have contact with
4 your children before your mom died?

5 A. She -- she's seen all of them.

6 Q. When was the last time she had contact with your
7 triplets, in particular, before [Infant One] died?

8 A. December, Christmas.

9 Q. Christmas?

10 A. Correct.

11 Q. All right. And is there anybody else in your
12 family who had contact with them?

13 A. Since Christmas? No.

14 Q. So since Christmas, is it accurate to say that
15 your testimony is that only Jasper James and your
16 babysitter have contact with your children other than you?

17 A. Physical contact, correct.

18 Q. All of his hair is missing and he's got old scabs
19 on the back of his head. Why didn't you take him for a
20 medical attention when you saw that?

21 A. From my understanding, that was cradle cap and
22 the hair was already missing when he come home, so I didn't
23 -- I mean, they lay on the back -- they lay on their back.

24 Q. Do you think that's normal?

25 A. For their hair to be missing?

1 Q. Do you think the condition of his head is normal?

2 A. I don't think it can happen -- excuse me. I
3 think it can happen, yes.

4 Q. But did you think it was concerning enough that
5 you ought to get some medical attention for it?

6 A. It doesn't seem like it was something that was
7 detrimental to him.

8 Q. You don't think there's something detrimental to
9 the condition that he was in before he died?

10 A. Not those injuries, no. And the other injuries,
11 I didn't notice the injuries. Nothing was swollen on him
12 to make me say, hey, my child has anything broken.

13 Q. Well, his penis was obviously painfully swollen.
14 You didn't take him to get medical attention for that, did
15 you?

16 A. I did not.

17 Q. And that was obvious, right?

18 A. I noticed that on the picture, correct.

19 Q. And you say you don't see the ribs that are
20 sticking out of this child. You didn't see the shoulder --
21 shoulder blade sticking out of this child. You didn't see
22 the condition of his back. You're saying all this, you
23 didn't see any of this?

24 A. I see it in the pictures.

25 Q. What's that?

1 A. I see -- I did see it in the pictures.

2 Q. I'm asking when you last saw your child alive,
3 you didn't see any of this?

4 A. No, ma'am.

5 Q. Were you and Mr. James not getting along around
6 the beginning of the year?

7 A. We did have disagreements.

8 Q. You had disagreements?

9 A. Correct.

10 Q. Can you tell me if the visits stopped and if they
11 did, why he stopped coming to see the children?

12 A. I would say because me and him wasn't together
13 anymore.

14 Q. Y'all wasn't together and you weren't getting
15 along maybe?

16 A. We did have disagreements.

17 Q. All right. So in the last couple of months
18 before the baby died, Mr. James had stopped coming by so
19 frequently, I think you said three times a week, but it
20 wasn't that anymore, correct?

21 A. Correct.

22 Q. So what would you say it was?

23 A. I would say it ceased.

24 Q. It ceased?

25 A. Yeah.

1 Q. Okay. Ms. Glasgow, when was the last time Mr.
2 James cared for the child or the children?

3 A. I don't remember the specific date, but probably
4 December or January.

5 Q. So when did the babysitter start taking care of
6 the children?

7 A. When the child support paperwork was finalized,
8 so starting January 31st.

9 Q. And who was the babysitter?

10 A. Makala Greene.

11 Q. Where did you find her?

12 A. I've been knowing her since I was 12.

13 Q. What time did she get -- does she get there on
14 the date that your child died?

15 A. She got there right before the ambulance pulled
16 up.

17 Q. Can you continue to line 17?

18 A. Yes ma'am. I -- and I don't know that there were
19 with my -- I didn't know that they were with my
20 grandmother. I know they were left with the babysitter and
21 I went to the hospital. I didn't have any service at the
22 hospital, so I didn't find out that they were with their
23 grandmother until hours later.

24 Q. When was the last time you changed **Infant One's**
25 diaper?

1 A. That morning.

2 Q. That morning? Did you notice his penis at that
3 time?

4 A. I did.

5 Q. And did you call the doctor?

6 A. I did not.

7 Q. How come?

8 A. It seemed like maybe it was a slight diaper rash.
9 I just placed cream on him and didn't seem -- and it didn't
10 seem severe enough to notify the doctor about.

11 MR. FOX: Excuse me for interrupting. Can we --
12 we approach?

13 THE COURT: Sure. Yes, sir.

14 (Sidebar discussion off the record.)

15 **RESUMPTION OF TRANSCRIPT READING**

16 BY MS. CAVANAUGH:

17 Q. Okay. Go on back to the transcript. I believe
18 we had just got to when the last time she changed her
19 diaper. So I'll re-ask that question. On Page 37, line
20 10, when was the last time you changed **Infant One's** diaper?

21 A. That morning.

22 Q. That morning? Did you notice his penis at that
23 time?

24 A. I did.

25 Q. And did you call the doctor?

1 A. I did not.

2 Q. How come?

3 A. It seemed like maybe it's a slight diaper rash.
4 I just placed cream on him and it didn't seem severe enough
5 to notify the doctor about.

6 Q. What about his bottom? Did you notice that?

7 A. His bottle?

8 Q. His bottom?

9 A. No.

10 Q. You didn't notice his bottom?

11 A. I did not.

12 Q. All right. I'm stepping out of the transcript.
13 When she asked about whether she noticed anything on his
14 wrist, don't read the question. Just can you see whether
15 she was asked about his wrist?

16 THE COURT: Line 5?

17 A. Yes.

18 Q. Okay. And when asked about his wrist starting at
19 line 5 with her answer with I didn't, can you read that?

20 A. I didn't notice anything on his body that was
21 obvious as far as broken bones.

22 Q. Did he cry when you picked him up?

23 A. No, he did not.

24 Q. He didn't? He wasn't a fussy baby?

25 A. He was.

1 Q. But he didn't cry or scream when you picked him
2 up?

3 A. He did not.

4 Q. What about when you were dressing him? Did he
5 cry or scream during that?

6 A. No, he did not.

7 Q. Towards the bottom of 39, how come your parents
8 or your mom didn't see the children since December to
9 March?

10 A. We have lives. She work, I work, it was
11 Christmas. That's just the last time she actually was
12 there physically with my children.

13 Q. So it's your testimony today that it is only you
14 or the babysitter that were taking care of these children
15 from December to March?

16 A. It would be the only three people that were
17 physically around my children that took care of them while
18 I worked was the babysitter and their father.

19 Q. So Mr. James was around after Christmas?

20 A. He was around. He's been around, I believe the
21 last time was a little bit after Christmas, but December.

22 Q. All right. And I'm backing out of the transcript
23 right now. Mr. James, who is that person?

24 A. That would be the triplet's father.

25 Q. Okay. And she had just confirmed in her

1 testimony at the hearing that he was last around them a
2 little bit after Christmas; is that right?

3 A. Yes, ma'am.

4 Q. Going back to the transcript. So the people who
5 took care of your child from December to March were Mr.
6 James, Ms. Greene, and yourself?

7 A. Correct.

8 Q. Who hurt this child?

9 A. I do not know who hurt my child.

10 Q. Moving on to Page 42. Who has access to your
11 phone?

12 A. Well, the -- the phone that was -- that I gave
13 them on that day was a phone that was actually used
14 throughout the home that was left at home for -- it was
15 kind of like a home phone.

16 Q. Okay. Ms. Taylor, there are other questions and
17 answers contained in this transcript, correct?

18 A. Yes, ma'am.

19 Q. But during that hearing, did Ms. Glasgow, the
20 defendant, confirm that she was the primary caregiver?

21 A. Yes, ma'am.

22 Q. And in fact when she did work, where did she
23 work?

24 A. From home.

25 Q. Okay. As far as the father, when did she say he

1 was last around the children?

2 A. December.

3 Q. Okay. And then she indicated there was a -- she
4 had hired a babysitter, correct?

5 A. Yes, ma'am.

6 Q. And that babysitter, is it -- we just read it, is
7 it fair to say she came late January?

8 A. Yes, ma'am.

9 Q. All of these injuries, what did she say related
10 to her observations of these injuries on the children?

11 A. That she didn't see anything.

12 (End of transcript reading.)

13 MS. CAVANAUGH: I beg Court's indulgence.

14 THE COURT: Yes, ma'am.

15 MS. CAVANAUGH: Thank you, Ms. Taylor.

16 THE COURT: All right. Cross-examination. Mr.
17 Fox.

18 CROSS-EXAMINATION

19 BY MR. FOX:

20 Q. Ms. Taylor, what you've been asked to read is not
21 all of Ms. Glasgow's testimony, is it?

22 A. No, sir. It's not.

23 Q. Okay. So those are selected portions that the
24 Solicitor highlighted for you to -- to read out?

25 A. That's correct.

1 Q. Okay. So either from your -- did you participate
2 in the family court hearing in August, 2023?

3 A. I did.

4 Q. Okay. So either through your participation in
5 that or from your own knowledge, you're aware that prior to
6 giving birth to the triplets that Breonte had miscarried
7 twins, you're aware of that?

8 A. Yes, sir. I was made aware of that during our
9 investigation.

10 Q. And that she also -- she had and does have a
11 young daughter, **Sister**?

12 A. Yes, sir. **Sister** was a part of our case.

13 Q. And then within, I think it was within a year is
14 when she became pregnant with the quadruplets?

15 A. I'm not sure the timeframe.

16 Q. But at the time, so **Infant One** died in July, or I'm
17 sorry, March of 2023. They're about eight months old.

18 **Sister** at that time was not quite two years old. Are you
19 aware of that?

20 A. I'm not aware of her exact age when this took
21 place.

22 Q. And **Sister**, **Infant Three**, **Infant Two**, and **Infant One** were the
23 surviving triplets of what been quadruples, correct?

24 A. That is correct.

25 Q. And one -- one was unfortunately stillborn?

1 A. That is correct.

2 Q. Okay. When the boys made home from the hospital
3 here at Baptist in October of 2023, at that time, Breonte
4 had four children under the age of about two?

5 A. That is correct.

6 Q. Okay. And as you read from the transcript, she
7 had the father Jasper, right? Jasper James was the -- was
8 the father, correct?

9 A. That's correct.

10 Q. Okay. And at least at first he was somehow
11 helpful, she testified, I believe he did as well at that
12 hearing that he did some of the caregiving when they first
13 came home.

14 A. He did testify to that. Yes, sir.

15 Q. Okay. And then that stopped at some point in
16 January, test estimate?

17 A. My recollection was December.

18 Q. Okay. Now, when Ms. Glasgow testified that the
19 Solicitor pointed out that she was sworn, promised to tell
20 the truth, that was in family court, correct?

21 A. That's correct.

22 Q. Okay. Do you recall whether the -- and there was
23 a judge present, obviously, Judge Rankin?

24 A. Yes, sir.

25 Q. Okay. Did Judge -- at that time in August of

1 2023, Sister, Infant Two and Infant Three have been taken from her
2 custody, they are in DSS care or whoever DSS had designated
3 to be foster parents, correct?

4 A. That's correct.

5 Q. And there was -- at that time she had been
6 arrested and charged with homicide by child abuse two --
7 two counts of child abuse and neglect?

8 A. That's correct.

9 Q. Okay. So there's an ongoing criminal case going
10 on at the time that family court hearing occurred?

11 A. That is correct.

12 Q. Did Judge Rankin cover with her?

13 MS. CAVANAUGH: Objection. Hearsay.

14 THE COURT: Overruled.

15 Q. Did Judge Rankin, at any, time prior to her
16 starting to answer questions, being Breonte that anything
17 she said might be used against her in a later criminal
18 prosecution? Was that ever explained to her?

19 A. I wasn't a part of that conversation that took
20 place between the attorneys and the judge.

21 Q. This would've been between the judge and Ms.
22 Glasgow.

23 A. Again, I wasn't a part of that conversation.

24 Q. Okay. But you were a part of enough to be able
25 to come in and authenticate transcript and say, yeah,

1 that's accurate. So you heard all her testimony?

2 A. Yes, sir. Once she got on the stand, I was
3 present for that, yes, sir.

4 Q. Okay. So this would've occurred just prior to
5 her actually answering questions and you heard nothing from
6 Judge Rankin about that?

7 A. I -- if I -- it was stated, I don't recall.

8 Q. Okay. Now, right off the bat, first question
9 was: "What time did **Infant One** die?" And she said, "Well, the
10 hospital records say", and this is on Page 3 if you look to
11 keep up. And she said, "I believe 12:42."

12 A. That's correct.

13 Q. So they're asking what time he died? She says,
14 "He died at the hospital". But then the question is: When
15 did you find him dead?

16 Well, if he died at the hospital, she didn't find him
17 dead, correct?

18 MS. CAVANAUGH: Objection. He's not asking --
19 speculation -- speculation.

20 THE COURT: Overruled.

21 A. Can you repeat your question please?

22 Q. It's confusing, isn't it? The question is
23 confusing because the question in the transcript is
24 confusing.

25 A. I guess you could say that.

1 Q. Okay. So she also says -- so they go back and
2 forth about 8:00 and 9:00. She says, "Why did you wait
3 three hours?" And she said, "I didn't wait, I called
4 immediately."

5 She said that, correct?

6 A. Are you now on Page 4 or are you still on Page 3?

7 Q. I'll remember the key. Yes, Page 4. And that
8 would be on line 7: "I did not wait longer. I called
9 immediately."

10 A. Yes. She says, "I did not wait longer. I called
11 immediately when I realized he wasn't breathing."

12 Q. Right. She mentions that further down on Page 4.
13 And this was not in the part you read, right after line 17?
14 "Was he breathing when he left your house? I don't believe
15 so."

16 That next part, Solicitor did not have you read, line
17 19: "Did you cause injuries to his head?"
18 What was her answer?

19 A. "No, I did not."

20 Q. "Did you break his skull?"

21 A. "No, I did not."

22 Q. "Did you break his ribs?"

23 A. "No, I did not."

24 Q. "Did you break his arm twice?" Next page.

25 A. "No, I did not."

1 Q. "Did you break his other arm?"

2 A. "No, I did not."

3 Q. "Did you break his legs?"

4 A. "No, I did not."

5 Q. She specifically says that there's a woman named
6 Makala Greene who came in six days a week to watch her
7 children, correct?

8 A. That was her testimony.

9 Q. Yes. As well as again, on Page 6 now. It asked
10 how often Jasper came over and she said three times a week.

11 A. That is correct.

12 Q. Then the next part was not read out, what -- the
13 question then is: "Would you leave the house?"

14 And what was her answer?

15 A. "I would."

16 Q. "And leave Jasper alone with the children?"

17 A. "I would."

18 Q. On Page 11, they asked about -- she was asked
19 about one of her telephones. She had more than one phone.
20 Is that your recollection?

21 A. I don't recall.

22 Q. Okay. They asked line 11, who else had control
23 on your phone? And she said?

24 A. The babysitter and her kids.

25 Q. Okay. On Page 12, line 11, when they asked about

1 deleting a video of you, you being Breonte, you having a
2 party hanging out, having a good time, is there any
3 indication of when that video was taken in relation to
4 March of 2023?

5 A. All it says, her answer was, "I'm not sure."

6 Q. Okay. On Page 13, Solicitor did not have you
7 read these answers, starting on line 9. The question was,
8 "Isn't it true you didn't take your children to see the
9 doctors for the specialty appointments in their release?"

10 And her answer, starting on line 12, was what?

11 A. "No, that's incorrect. I did take them to an
12 appointment for their primary care physician. I also took
13 them to a follow-up appointments in North Carolina for
14 their PDAS that were placed in them. So I did take them to
15 some appointment."

16 Q. Okay. And she further explains at the bottom of
17 the page ending line 22 that she took them to specialty
18 appointments in North Carolina and to get their RSV shots,
19 correct?

20 A. She stated, "I know I took them to get their --
21 for their specialty appointments for the PDA in North
22 Carolina and I also took them for RSV shots, which were
23 recommended by physician."

24 Q. Did anybody ask her about her December, 2023
25 visit to the Palmetto Retina Clinic here in Columbia for

1 eye issues?

2 A. I don't recall.

3 Q. On Page 21 down, starting on line 16, again, this
4 was not -- Solicitor did not ask you to read this part.
5 Starting line 16, the question was: "Did anyone say
6 anything about the back of your son's scalp being bare?"
7 And what was her answer?

8 A. "The only thing that was concerning were -- was
9 the scratches that was self-inflicted, as far as his scalp
10 and the back of his head, no, ma'am."

11 Q. So she was pointing out her opinion that the
12 scratches were self-inflicted?

13 A. I don't know if that's her -- her opinion or not.
14 I'm just reading what she said, that they were
15 self-inflicted.

16 Q. Page 28, they're also talking about concerns that
17 she had in going, in this case, **Infant One**. And starting at
18 line 12, "Did you ever have any concerns about their
19 health?" She said, at line 13?

20 A. "I did."

21 Q. "Okay. What concerns did you have?"

22 A. "Okay. So with **Infant One** I had concerns about the
23 -- the dentation that was in his head that he come home
24 from the hospital with. I had concerns about him
25 scratching himself or his self -- excuse me."

1 Q. "And then who did you tell -- who -- did you tell
2 anybody about those concerns?"

3 A. "Yes. I told the -- at the initial visit I told
4 the nurse and the nurse and the -- the nurse and the
5 doctor."

6 Q. On Page 33. Do you recall anybody either at this
7 hearing, at any other time asking Breonte about her state
8 of mind? Obviously the concern was with the children,
9 understandably.

10 But did anyone ask Breonte what she was going through
11 from the time her children came home and she was the sole
12 main caregiver from October to March of 2023 with four
13 children under the age of two? Did anybody ask her how she
14 was doing?

15 A. Are -- are you asking in regards to the hearing
16 or are you asking in regards?

17 Q. Yeah. Either in the hearing or from your own
18 experience?

19 A. I don't recall.

20 Q. Okay. On Page 33, line 3. Question. Okay.
21 "Do you remember feeling overwhelmed?" What was the
22 answer?

23 A. "I do remember feeling like it was a lot on my
24 plate and he needed to step in a little bit more."

25 Q. And he, was Jasper, the father?

1 A. I -- from assumption, yes. That's what I could
2 assume.

3 Q. On Page 42, line 15 says, a little confused, who
4 had access to your phone and what did she say? That'd be
5 line 7.

6 A. It says, "Well, that phone -- or excuse me.
7 Well, the phone that was -- that I gave them on that day
8 was a phone that actually used throughout the home that was
9 left at the home for, it was kind of like a home phone."

10 Q. Okay. Again, based on your own knowledge, you --
11 from this hearing and your own involvement with this case,
12 you're aware that Breonte worked at home?

13 A. Yes.

14 Q. But you're aware that she also worked out of the
15 home doing hair braids, that sort of thing?

16 A. I don't recall that.

17 MR. FOX: Court's indulgence.

18 THE COURT: Yes, sir.

19 MR. FOX: Okay. Just a couple, Your Honor, to
20 follow this.

21 THE COURT: Yes, sir.

22 BY MR. FOX:

23 Q. Ma'am, on -- well, did you have the entire
24 transcript of the hearing?

25 A. I have -- I'm pretty sure yes, there are all --

1 Q. I'm afraid I don't know -- this matches up.

2 MR. FOX: Because -- give me just one moment.

3 The whole transcript numbers are different. Thank
4 you, Your Honor. Appreciate it.

5 BY MR. FOX:

6 Q. So Page 40. Do you have that?

7 A. Yes, sir.

8 Q. Excuse me. Beginning on line 20. Okay. "Who
9 hurt this child?"

10 A. "I do not know who hurt my child."

11 Q. What are you doing to help law enforcement figure
12 out who hurt your child?

13 A. I have cooperated since day one. I didn't even
14 -- at first I didn't even know it was hurt an injury. I
15 actually thought it was a -- it was preexisting from his --
16 it has inscribable because they told me it was cardiac
17 arrest, so I initially thought it was a preexisting
18 trauma."

19 Q. All right. And then on line 20, when did you
20 tell DSS about this babysitter, Ms. Greene?

21 A. "I notified them the day of March 11th, actually,
22 when the supervisor and the caseworker and another lady
23 come to the residence."

24 MR. FOX: Thank you. I have no further
25 questions.

1 THE COURT: Any redirect?

2 REDIRECT EXAMINATION

3 BY MS. CAVANAUGH:

4 Q. Ms. Taylor, Mr. Fox started out by asking whether
5 -- the question about when she found him dead was
6 confusing. I would like to point your attention to the
7 actual question. Page 3, line 24. What was the question
8 asked to Ms. Glasgow?

9 A. "When did you find him dead?"

10 Q. And what was her answer?

11 A. "Around, I believe 9:00. Then it would've been a
12 pause 8:00 or 9:00 that morning."

13 Q. And then, was the question asked 8:00 or 9:00 is
14 when you last saw him alive?

15 A. "Answer is no."

16 Q. Then did she ask again, "When did you find him
17 dead, was she asked that?"

18 A. She was.

19 Q. What was her answer?

20 A. "Around 8:00 or 9:00."

21 Q. Okay. Regarding Jasper James, the father, point
22 your attention to Page 40. Around -- was she asked about
23 when Mr. James was last around?

24 A. Yes, ma'am.

25 Q. And what did she say?

1 A. "He was around, he's been around, I believe the
2 last time was a little bit after Christmas, but December."

3 Q. Okay. Going to Page -- when she's asked about
4 the videos, did she have an answer as to why the other
5 videos weren't deleted?

6 A. "No, ma'am."

7 Q. Finally, about -- when she asked about the last
8 well visit for the triplets on page -- bottom Page 19, line
9 24?

10 A. Yes. When was the last well-check or when was
11 the last well-child check for any of them? It was stated
12 that "The last well-child check for **Sister** was her 15-month
13 check where she received shots. And then for the boys,
14 **Infant Two**, **Infant One**, and **Infant Three** is", and there was a pause, "was
15 November, 2022."

16 Q. So the last well-check she confirmed was four and
17 a half months approximately prior to **Infant One's** date of
18 death?

19 A. That would be correct.

20 Q. And then one more question, Ms. Taylor. Page 19,
21 line 7, and they're discussing RSV shots. Which
22 appointments did she say she missed related to the RSV
23 shots for the triplets?

24 A. It says, I'm sorry, that's for the RSV. "So for
25 the RSV I did make that appointment. The only appointment

1 they did not attend was in February and March."

2 Q. And when asked whether she observed the injuries
3 on **Infant One**, prior to him going to the hospital, what was her
4 answers?

5 A. She did not.

6 MS. CAVANAUGH: Thank you.

7 THE COURT: All right. Ms. Taylor, thank you
8 very much. You may step down and you are excused.

9 THE WITNESS: Thank you.

10 THE COURT: All right. State may call its next
11 witness.

12 MS. CAVANAUGH: State calls Makala Greene.

13 THE BALIFF: If you stand right here and face the
14 Clerk.

15 THE WITNESS: Face this way?

16 THE BALIFF: Uh-huh. And put your left hand here
17 and raise your right.

18 MADAM CLERK: Thank you. Please have a seat on
19 the witness stand and state your full name for the
20 record.

21 THE WITNESS: Makala Greene.

22 **MAKALA GREENE,**

23 A witness herein, having been first duly sworn, was
24 examined and testified as follows:

25 DIRECT EXAMINATION

1 BY MS. CAVANAUGH:

2 Q. Okay. Ms. Greene, where are you from?

3 A. Columbia, South Carolina.

4 Q. Okay. And do you have any children?

5 A. Four.

6 Q. Four?

7 A. Yes.

8 Q. How old are they?

9 A. They're 16, 13, 7, and one.

10 Q. Okay. And do they live with you?

11 A. Yes.

12 Q. Okay. How do you know the defendant, Breonte
13 Glasgow?

14 A. I've been knowing her since I was 12.

15 Q. Okay. So y'all been friends since you were 12 or
16 just acquaintances?

17 A. Friends since we was 12, she was talking to one
18 of my uncles.

19 Q. Okay.

20 A. And that's how we actually met.

21 Q. Okay. And do you see Ms. Glasgow in the
22 courtroom today?

23 A. Yes, I do.

24 Q. Okay. And what is she wearing?

25 A. She has worn a black mask and a black and white

1 scratch shirt, I guess.

2 MS. CAVANAUGH: Your Honor, let the record
3 reflect she identifies, Ms. Glasgow.

4 THE COURT: Yes, ma'am.

5 BY MS. CAVANAUGH:

6 Q. Okay. And back in 2023 when the triplets were --
7 approaching from the beginning of January, 2023, what was
8 your relationship with Ms. Glasgow?

9 A. We -- we was friends.

10 Q. Okay. And would you babysit her children?

11 A. No.

12 Q. Okay. How often would you see Ms. Glasgow?

13 A. Twice a week.

14 Q. Okay. And in what context would that be that you
15 saw her twice a week?

16 A. I'd just go over to check on her and the kids.

17 Q. Okay. And how would you know that? Did y'all
18 have a set schedule for you to go over?

19 A. No. My -- I stayed five minutes away from her
20 and my daughter went to school on the same street that she
21 lived on, so I would stop by there.

22 Q. Okay. And what would you do when you stopped by
23 there?

24 A. Just go in and, you know, talk to her, and maybe
25 see one of the kids.

1 Q. Okay. Are you aware where she worked or what she
2 did for a living?

3 A. I knew she worked from home.

4 Q. Okay.

5 A. I don't know actually what it was, you know.

6 Q. Okay. But she worked from home?

7 A. Correct.

8 Q. While she worked from home, would you watch her
9 kids every day for her?

10 A. No, ma'am.

11 Q. And how many children did she have?

12 A. Four at the time.

13 Q. Okay. And who were those four different
14 children?

15 A. Infant One, Infant Three, Infant Two and Sister .

16 Q. Okay. And Sister is the older child?

17 A. The -- yes, the girl.

18 Q. And when you would go over there and see the
19 children, when the children were there, where would the
20 children be?

21 A. Either in the crib or in the car seat.

22 Q. Okay. And where was the --

23 A. Well, not a crib, a bassinet.

24 Q. Okay. And where was the bassinet?

25 A. In the living room.

1 Q. In the living room. And where would the car
2 seats be?

3 A. In the living room.

4 Q. Okay. And when they're in the car seats, I
5 guess, how many car seats were there?

6 A. Three. Three, newborn ones. Sister [REDACTED] would be
7 in -- in the bassinet and then the other ones would be in
8 the car seat. The little newborns would be in the car
9 seat.

10 Q. Got you. Okay. So you said you would go over
11 there maybe twice a week?

12 A. Correct.

13 Q. Did you ever see when you went over there from
14 January to the day that Infant One died, Jasper James the
15 father over there?

16 A. No.

17 Q. Prior to Infant One's death, did you ever see any
18 injuries on Infant One?

19 A. No, not to be honest. Only thing I seen was,
20 when I went over there one day, he was bleeding out of the
21 mouth and I asked her what happened and her words were he
22 scratched his gums, I guess.

23 Q. He scratched his gums?

24 A. Yeah. I guess he was scratching in his mouth and
25 it made it bleed.

1 Q. And how far before his death do you recall that
2 being, approximately?

3 A. I want to say maybe a month, maybe before.

4 Q. And how much bleeding was it?

5 A. It wasn't a lot; it was just a little bit.

6 Q. Okay. When you went over there to see the
7 children, did you ever hold the children when you were over
8 there?

9 A. Yeah. I hold them, not all of them. I only hold
10 **Infant One**; I believe it was.

11 Q. Okay. And when was that?

12 A. You said, where was it?

13 Q. When?

14 A. Oh, January, March, February.

15 Q. Okay. When you held **Infant One**, was he dressed or
16 was he --

17 A. Yeah. He was fully dressed.

18 Q. Okay. And could you see any parts of his body --

19 A. No.

20 Q. -- while he was dressed? Not long before
21 **Infant One's** death, were you asked to watch **Infant One** for Ms. --

22 A. No.

23 Q. -- while she took the two other children
24 somewhere?

25 A. No. My daughter actually she was -- was 14 at

1 the time, watched the kids maybe once or twice, but I
2 haven't. When I was there, she was always there. I was
3 never left alone with them.

4 Q. Okay. Did she ever bring them to you or to your
5 grandmother's house to watch them one time?

6 A. She was there.

7 Q. Oh, okay.

8 A. Yeah.

9 Q. What did she say about **Infant One**, about his
10 demeanor? How would she describe **Infant One**? Was he a calm
11 baby?

12 A. Fussy.

13 Q. Did she use any words when describing his
14 behavior other than the fussy?

15 A. No.

16 Q. On the day that **Infant One** died, did you speak with
17 Breonte?

18 A. Correct.

19 Q. Okay. When did you speak with her?

20 A. She called me the day prior to him passing and
21 she called me five minutes. I was -- I was doing something
22 and she called me and she was like, I need -- you know, she
23 was very calm and she was like, I need you to come over.

24 And I was like, okay, well, when I'm done doing what
25 I'm got to do then I'll come over. So about 11 to 12

1 minutes later she called me back and said, hurry up, that I
2 need to get over there because, I guess, something was
3 wrong with one of the babies at the time. But she didn't
4 say -- describe who it was at the time.

5 And then when I got there, the ambulance and the fire
6 was -- the fire truck was there and they was trying to
7 bring **Infant One** back.

8 Q. Okay. So you pulled up after or about the same
9 time the ambulance was?

10 A. Yeah. Correct.

11 Q. Okay. And you said she was calm when she called
12 you?

13 A. She was what?

14 Q. Calm, is that what you said?

15 A. Yeah.

16 Q. Okay. At what point did you find out that **Infant One**
17 had died?

18 A. When she got -- I guess, when she went to the
19 hospital and she called me when, I guess, she got back to
20 her grandparents' house, maybe around 3:00 or 4:00. And
21 she told me that he was gone.

22 Q. Okay. And how did she call you?

23 A. On her cell phone.

24 Q. On her cell phone?

25 A. Correct.

1 Q. Okay. So you didn't have her cell phone at that
2 time?

3 A. No.

4 Q. Okay. And when she called you and let you know
5 that **Infant One** died, what did you do next?

6 A. I just busted out in tears. I was really, you
7 know, hurt about it, you know, because it was a newborn
8 baby and I was trying to figure out what happened and I'm
9 thinking it was something, because he was born premature
10 and early, so I'm thinking it was some natural causes.

11 Q. Okay. And did you go see Breonte?

12 A. Where? at the hospital?

13 Q. Well, I guess after **Infant One** died, did you see her?

14 A. Yeah. I was with her for two days.

15 Q. Okay.

16 A. So the day he passed and then two days after that
17 I was with her.

18 Q. And why were you with her?

19 A. You know, trying to comfort her. Her baby had
20 just passed. You know, I didn't want to just leave her
21 alone. And then they had got the other kids, so I didn't
22 want her to be lonely, you know, I was a real friend to
23 her, you know?

24 Q. Okay. Well, when you were with her, did she make
25 any comments about his death?

1 A. No. She didn't make any comments about his
2 death. She was just like, them people want to lock me up.
3 And I'm like, why would they lock you up? You know, if it
4 was natural cause you don't have anything to worry about.

5 Q. And then what was her response to that?

6 A. Nothing.

7 Q. Okay. Did you ever see her upset over **Infant One**?

8 A. No.

9 Q. Did you ever see her cry over his death?

10 A. No.

11 Q. So those two days after his death, you were with
12 her?

13 A. Correct.

14 Q. And she never cried?

15 A. Never.

16 Q. The statement about saying that they were going
17 to lock her up, is that the only time you heard her make
18 that statement?

19 A. Correct.

20 Q. And that was when?

21 A. Two days. When I was with her for two days.

22 Q. Okay. And those two days right after, March 12th
23 to 13th?

24 A. Correct.

25 Q. During those two days that you were with her, did

1 you ever have her phone?

2 A. No.

3 Q. Prior to his death, did you ever have her phone?

4 A. No.

5 Q. Do you have your own phone?

6 A. Correct.

7 Q. And anytime that she called you, how would she
8 call you?

9 A. Like she normally do when we were on the phone.
10 She called and we say -- say, we got to say it wasn't about
11 anything.

12 Q. So with her phone?

13 A. Yeah.

14 Q. And when you would go over to her house to see
15 her once or twice a week, would you ever use her phone
16 while you were over there?

17 A. I had no reason to.

18 Q. And why not?

19 A. It's not my phone. I have my own.

20 Q. You have your own?

21 A. Yeah.

22 Q. Did you make a video in January of 2023 of Infant One
23 crying in a bathtub?

24 A. No.

25 Q. Did you delete a video of Infant One crying in a

1 bathtub?

2 A. No, ma'am, I did not.

3 Q. Did you ever break **Infant One's** bones?

4 A. No, ma'am.

5 Q. Did you ever hit him?

6 A. No, ma'am.

7 Q. Did you ever tear any muscles or anything in his
8 mouth?

9 A. No, ma'am.

10 Q. Did you ever do anything to hurt him?

11 A. No, ma'am.

12 Q. When you were with Ms. Glasgow during those two
13 days, where were your kids?

14 A. My kids were home.

15 Q. Okay. Where --

16 A. I had -- I have -- I have -- have a -- a baby's
17 father that lives with me, so they would be at the house
18 with him.

19 Q. Okay. So you were with Ms. Glasgow?

20 A. She came and picked me up.

21 Q. So your daughter never had her phone during those
22 two days?

23 A. Not that I recall, no.

24 Q. Was your daughter even around?

25 A. No.

1 Q. Okay.

2 MS. CAVANAUGH: No further questions, Your
3 Honor.

4 THE COURT: All right. Cross-examination.
5 Mr. Fox.

6 MR. FOX: Yes, sir.

7 CROSS-EXAMINATION

8 BY MR. FOX:

9 Q. You watched Breonte's kids a lot more than just
10 once or twice?

11 A. Yes. Correct.

12 Q. Okay. In fact, you had an agreement with her?

13 A. I didn't watch them more than once or twice. I
14 seen them more than once or twice. I never watched them at
15 all. She was always there when I was around.

16 Q. But you were there at least some of the time to
17 specifically babysit, look after her four children?

18 A. I've never babysitted. How can I babysit someone
19 when she's there? How can you call that babysitting while
20 the mother is there?

21 MS. CAVANAUGH: Objection, Your Honor. Let her
22 finish.

23 THE COURT: Hold on a second. Hold on a second.
24 Okay. And -- and this is just for the help of the
25 court reporter. I know it's -- we're used to having a

1 discussion where we kind of talk over each other and
2 that's understandable. But if -- if you'll wait until
3 Mr. Fox finishes his question and you can begin to
4 answer.

5 THE WITNESS: Yes, sir.

6 THE COURT: He'll let you finish your question
7 before he starts asking another question.

8 THE WITNESS: All right. Thank you. Yes, sir,
9 Your Honor.

10 MR. FOX: Thank you.

11 BY MR. FOX.

12 Q. Now, you had an arrangement with her?

13 A. Say that one more time.

14 Q. You had an arrangement with her --

15 A. Right.

16 Q. -- starting around January. I don't know the
17 exact date to look specific -- she would pay you to look
18 after her children. In fact, she added you to her lease as
19 someone that was going to be on at her apartment on a
20 frequent basis. Not living there, but would be there on a
21 frequent basis.

22 A. I don't know nothing about that, sir.

23 Q. Okay. So you never -- you didn't babysit those
24 kids?

25 A. No, sir.

1 Q. Do you remember talking to the Solicitor a few
2 weeks ago in preparation for this trial? Did you meet with
3 the Solicitor?

4 A. I can't hear you. Say it again.

5 Q. Did you meet with the Solicitors --

6 A. Yes.

7 Q. -- a couple weeks ago in -- in preparation for
8 this trial?

9 A. I talked to them on the phone.

10 Q. Yes.

11 A. Yes.

12 Q. And you talked about basically what you just
13 testified to?

14 A. Correct.

15 Q. You said Breonte called you on the 11th and said,
16 in a very calm voice, "come over here?"

17 A. Correct.

18 Q. And what was your response?

19 A. I just told her I was on my way once I'm done
20 doing what I had to do. Because I was doing something at
21 the time.

22 Q. Okay. Did you tell her you had to wait for early
23 dismissal on one of your kids?

24 A. No.

25 Q. Didn't say that?

1 A. No, I did not.

2 Q. Okay. Because it was Saturday, correct? So if
3 anyone thinks you said -- never mind, we'll go around that.
4 Today you said, it was a month prior to **Infant One's** death that
5 you noticed -- that you were there and noticed he had a
6 bleeding mouth, correct?

7 A. Correct.

8 Q. Do you recall telling the Solicitor that was
9 actually a week or two weeks before not a month?

10 A. Like I told you, I don't know the exact date, but
11 I got -- I did say that, but I don't know the exact time or
12 the date that it happened. So it was around that time, two
13 weeks to a month when I seen that. Yes, that's correct.

14 Q. Okay. You would agree a week and a month are
15 very different timeframes?

16 A. It is -- but I can't -- I don't want to tell you
17 something that I really don't know because I don't know the
18 date. So I don't want to say that. So that's an
19 approximate, that's around that time, yes.

20 Q. You kept **Infant One** at least once, you admit that?

21 A. Yes. Correct. At her house while she was there.

22 Q. Do you remember when was that?

23 A. I can't remember the date exactly.

24 Q. Well, give me an estimate. January --

25 A. January, February. It wasn't March. It was

1 around January or February maybe.

2 Q. Okay. And do you remember telling the Solicitor
3 -- did -- do you have any family members there?

4 A. Family members where? At her house?

5 Q. Yeah. Watching **Infant One**?

6 A. Yes.

7 Q. Okay.

8 A. We all was there, my kid, two of my 14 -- my
9 14-year-old at the time, and my son was 11 at the time.
10 Yes, they went there.

11 Q. They went over there with you?

12 A. Right.

13 Q. All right. And you remember somebody -- do you
14 remember telling the Solicitor when you spoke to them on
15 the phone --

16 A. Correct.

17 Q. -- recently that somebody in your family was
18 concerned enough to say, we need to contact somebody about
19 this boy?

20 A. Correct. That was my grandmother at the time.

21 Q. Yeah.

22 A. My grandmother was there also.

23 Q. Who'd you call?

24 A. No, I didn't call anyone. No. They -- she made
25 a statement that I should have called DSS, but I told them

1 that I was not going to do that because I didn't see
2 anything for me to call them at that time.

3 Q. I didn't see anything for me to call them. Okay.

4 A. Correct.

5 Q. Now, did you ever suspect that after the children
6 came home, because they were in the hospital a long time --

7 A. Right. Correct.

8 Q. -- that she had the triplets?

9 A. Correct.

10 Q. How old was **Sister** ?

11 A. **Sister** was what? Born at the time, I
12 believe.

13 Q. So one and then three infants?

14 A. Correct.

15 Q. Okay. And you remember telling -- do you
16 remember speaking at some point a little over a year ago
17 with an investigator from the Public Defender's office?

18 A. Yes, I do.

19 Q. Okay. Who was that, do you remember?

20 A. I can't remember.

21 Q. Man or a woman?

22 A. I believe it was a woman.

23 Q. It was Conley?

24 A. That's probably who it was.

25 Q. Okay. And do you remember telling her that you

1 suspected Greene was depressed?

2 A. Correct.

3 Q. Okay. And then you suspected postpartum
4 depression?

5 A. Correct.

6 Q. Your daughter, and -- and I -- I apologize if I
7 don't get the pronunciation right, is it Sariah or Sariah?

8 A. Sariah, correct.

9 Q. Sariah?

10 A. Yes, sir.

11 Q. She was about 14 --

12 A. -- at the time.

13 Q. -- back then? Okay. She would in fact be left
14 to watch with those kids on occasion, wouldn't she?

15 A. No.

16 Q. No?

17 A. No.

18 Q. Okay. There weren't occasion where she would
19 have to call you, where Breonte would've to call --

20 A. Well, she did leave one time on -- it was no
21 twice on her birthday. And on my birthday, my daughter was
22 left with the kids. So on December around her birthday,
23 and then February around my birthday, that's when my
24 14-year-old did watch the kids over maybe, I want to say
25 probably like seven to eight hours.

1 Q. But you would go over there. What did you do
2 when you -- you told -- do you remember telling the
3 Solicitor's Office that you went once or twice a week over
4 the two --

5 A. Correct.

6 Q. Not just to visit, but to do chores and babysit,
7 do you remember that?

8 A. No, it wasn't -- it wasn't, no, it wasn't to do
9 chores or babysit. I cleaned her house once.

10 Q. You didn't do those things. You didn't do
11 laundry; you didn't do dishes for her?

12 A. One time I did, yes, I did. One time.

13 Q. After Bre was arrested, did she ask you to take
14 care of any bills for her?

15 A. Correct.

16 Q. She did, right? And she gave you access to what
17 -- how she -- how you were going to do that?

18 A. She -- when she got to -- I got a phone call from
19 the jail and -- and that's when she told me to come get her
20 belongings. I asked her what happened and she didn't want
21 to explain, so she just told me to come down there and get
22 her belongings and I had to sign a piece of paper from the
23 jailhouse for me to get her belongings, which is her keys
24 and her purse.

25 Q. Okay. But then how were you going to take care

1 of actually paying bills for her?

2 A. She gave me the pin number and stuff so I can pay
3 for her bills.

4 Q. Okay. And where was that money going to come
5 from?

6 A. Her bank card.

7 Q. Okay. And did you do that?

8 A. Yes, I did.

9 Q. Do you remember what you paid?

10 A. I paid light bill, water bill and her rent, which
11 was at the -- at the time at the apartment.

12 Q. For how many months?

13 A. One month.

14 Q. Just one month?

15 A. Just one month.

16 Q. What happened when she went home after a month?

17 A. I didn't -- I don't know, I didn't have access to
18 anything. She called me and told me to give it to her best
19 friend Jamaica. And that's who I gave all her belongings
20 to.

21 Q. But you had that access for a month?

22 A. For a month, correct.

23 Q. Okay. And in fact, you continued to make
24 yourself welcome to that account, didn't you after that?

25 A. No, I did not.

1 Q. Did not -- did not take hundreds, thousands of
2 dollars from her?

3 A. No, I did not.

4 Q. Didn't use her credit cards?

5 A. No, I did not. I didn't have it.

6 Q. You have the history to that?

7 A. Say that again.

8 Q. You have a history.

9 A. Have a history of what?

10 Q. Money forgery. You got a conviction for forgery?

11 A. Yes, I do. Yeah.

12 Q. Which is dishonesty?

13 A. I didn't.

14 Q. Deceiving to get money or goods in some way,
15 correct?

16 A. Correct. Yes. I was young at the time.

17 THE COURT: Hold on, hold on, hold on. I'm
18 sorry. Let her finish. Let her finish.

19 MR. FOX: Yes, sir. I apologize. I didn't want
20 talk over you.

21 THE WITNESS: Yes. I was young at the time, you
22 know, so, but no recently and I have not did that. No
23 I did not.

24 BY MR. FOX:

25 Q. The phone -- at least one of -- Breonte had more

1 than one phone, didn't she?

2 A. Not really. When she got -- when -- when she --
3 she had one phone and then when we came to court for the
4 very first time, they took the phone and we left the court.
5 She went and bought another phone and then I guess when she
6 came back to court or the investigators talked to her,
7 whatever, they took that phone and then she went and bought
8 another one.

9 Q. Okay. But she worked from home?

10 A. Correct.

11 Q. All right. And the phone was there, she refers
12 to as the house phone, correct? To be used for things like
13 access to streaming apps, Netflix, things like that?

14 A. I don't know what she used her phone for.

15 Q. Did you also tell our investigator, Ms. Conley,
16 that you felt Breonte was a kind person?

17 A. Yes. She's very sweet.

18 Q. You couldn't believe it?

19 A. Correct.

20 Q. You were in shock?

21 A. I was, still is.

22 Q. Bre actually, in fact at one time took care of
23 your daughter when she was very young. Was there a period
24 of time when she needed to -- you needed help and -- and
25 she stepped in and -- and helped watch her for a while?

1 A. Correct. She's a godmother to two of my
2 daughters.

3 Q. Okay. And -- and I think that was while she was
4 eight, nine months old that sounds?

5 A. Correct.

6 Q. Okay. And how long did she -- did she have her?

7 A. I can't really recall. It'd been so long ago.

8 Q. Okay. But it was more than like overnight?

9 A. Yeah.

10 Q. Some assistance that she was able to do?

11 A. Right.

12 Q. Did you have any concerns about your daughter in
13 her care?

14 A. No, I did not.

15 Q. Any concerns after you picked your daughter up?

16 A. No, I did not.

17 MR. FOX: Court's indulgence.

18 THE COURT: Yes, sir.

19 MR. FOX: Just a moment, Your honor.

20 THE COURT: Uh-huh (affirmative).

21 BY MR. FOX:

22 Q. I'm going to show you a document. It's been
23 marked Defendant's Exhibit for identification, Number 1,
24 and ask you to look that over and tell me if you can,
25 generally speaking, what that is?

1 A. I don't know what this is. This isn't my
2 handwriting, so I don't know.

3 Q. Okay. Isn't that your signature? I'll point to
4 where it's kind of --

5 MS. CAVANAUGH: She just said, it's not her
6 handwriting. She doesn't know what it is.

7 Q. I'm going to point to a specific item, so I don't
8 -- I'm not saying that all of it is your handwriting.

9 A. All right.

10 Q. Where it has signature, right? I'll make a
11 little tiny red mark so you can see where I'm talking
12 about. That's your name next to that red X, right, Makala
13 Greene?

14 A. Correct.

15 Q. And that's your signature, correct?

16 A. No, it's not.

17 Q. That's not your signature. Okay. All right.
18 Thank you Judge. No more questions.

19 THE COURT: All right. Any redirect?

20 MS. CAVANAUGH: Yes, sir. Your Honor.

21 REDIRECT EXAMINATION

22 BY MS. CAVANAUGH:

23 Q. Breonte called you from the jail. You asked what
24 happened. You said, she said, she didn't want to explain
25 to you?

1 A. Correct.

2 Q. Did she accuse you of hurting her baby?

3 A. No.

4 Q. Okay. And Jasper hadn't been around since
5 December, right?

6 A. Correct.

7 Q. The father --

8 A. Well, I don't -- Jasper the father --

9 Q. Jasper.

10 A. Oh, the father?

11 Q. The father.

12 A. I don't know. I -- I have never seen him over
13 there.

14 Q. Okay. But she didn't claim that you were hurting
15 her child, did she?

16 A. No.

17 Q. And were you there in the middle of the night
18 when Breonte is taking care of her babies?

19 A. Never.

20 Q. Are you there during every day, 24 hours while
21 she's taking care of her babies?

22 A. No, I'm not.

23 Q. How often are you over there?

24 A. Maybe once or twice a week.

25 Q. And because you have a four-year history from

1 2015, it was 2015, right?

2 A. Correct.

3 Q. So about 10 years ago?

4 A. Correct.

5 Q. Does that change your testimony today?

6 A. No, it doesn't.

7 Q. And when you were holding the baby and you said
8 you didn't see anything, how was he clothed?

9 A. He had on like a little onesie, like, you know,
10 like a little overall that went up between the leg -- butt
11 between your legs, like a little onesie.

12 Q. Could you see his penis while he was in his
13 onesie?

14 A. No.

15 Q. Okay. Could you see all of his arms and legs or
16 his back?

17 A. No. I mean, his arms was out, that's about it.
18 But his legs and stuff was covered up and his back and
19 everything was covered.

20 Q. So you couldn't see anything if there were
21 injuries there?

22 A. No, I couldn't.

23 Q. And last question, when you were over there with
24 Breonte and you were in that apartment, would she watch the
25 babies while you were over there?

1 A. Yeah.

2 Q. If something happened -- how big was this
3 apartment? Compared to this courtroom, approximately, how
4 big is it? Is it bigger or smaller?

5 A. Smaller.

6 Q. Okay. If something had happened at the back of
7 the courtroom to a child and he cried, would you have been
8 able to hear it?

9 A. Yeah.

10 Q. Okay. And she was working?

11 A. She was working from home at the computer at the
12 table.

13 Q. I'm going to show you what's been entered as
14 State's Exhibit 6. Do you recognize that?

15 A. It's the living room.

16 Q. It's the living room?

17 A. Uh-huh (affirmative).

18 Q. Okay. And where is her workstation?

19 A. At the table right there.

20 Q. Okay. Is the table in the middle?

21 A. Yes. Well, by the wall a little bit, yeah.

22 Q. And it looks out over the living room?

23 A. Does it -- say that again.

24 Q. No. I'm asking, does it look out over the living
25 room? How -- how is it positioned?

1 A. Straight.

2 Q. Straight. So looking towards the living room?

3 A. Uh-huh (affirmative).

4 Q. Okay. And when you would come in, is that this
5 Pack 'n Play that's right there? Is that where **Sister** would
6 be?

7 A. Correct.

8 Q. And where would the car seats be?

9 A. Lined up here.

10 Q. Okay. So she could see everything that was
11 happening to those babies?

12 A. Correct.

13 Q. Okay. No further questions, Your Honor.

14 THE COURT: All right. Ms. Greene, thank you,
15 ma'am. You may step down and be excused.

16 THE WITNESS: Thank you. Have a blessed day.
17 (Witness released.)

18 THE COURT: Yes ma'am. Thank you.

19 All right. Ladies and gentlemen, it's been about
20 an hour and 20 minutes. Why don't we take our
21 afternoon break. We will be back in looks like about
22 13 minutes or so. 35 after 3:00. Why don't we do
23 that.

24 Again, please don't discuss the case with anybody
25 including each other. Please don't seek out or read

1 any -- anything about the case. And please keep an
2 open mind about all issues in the case until you've
3 been instructed to begin your deliberations.

4 Thank y'all. Keep your safe, keep safe, keep
5 your safe. All right. Oh, we'll, let everybody go.
6 All right jury is out of the courtroom. Is there
7 anything that we need to address from the State before
8 we stand down for a few minutes?

9 MS. CAVANAUGH: No, sir. Your Honor, I know we
10 discussed, I didn't know what time Mr. Fox needed to
11 be --

12 THE COURT: Right.

13 MS. CAVANAUGH: But we do have one witness we
14 could do before 5:00.

15 THE COURT: Okay.

16 MS. CAVANAUGH: And then Ms. Polson, I don't
17 believe would be that long.

18 THE COURT: All right. Sounds good.

19 MR. FOX: I agree, that -- that would be fine. I
20 think that would put me in plenty of time now.

21 THE COURT: Sure.

22 MR. FOX: Think it'll --

23 THE COURT: And I've got that note up here, too.
24 So we'll make sure to get that done. Anything from
25 the defense before we stand down for a few minutes?

1 MR. FOX: No, sir.

2 THE COURT: All right. We'll be adjourned until
3 25 until.

4 (Recess was taken.)

5 THE COURT: I just want to let you know that
6 Deputy Feral just told me that there was someone in
7 the back of the room that was recording the last
8 witness. I didn't know. I didn't see. He wasn't
9 making it obvious, but they called him, brought him
10 upstairs. And again, he said that the -- that his
11 name was what, Mr. Williams?

12 MR. FOX: Williams. I forget his first name. So
13 I got to write that one.

14 THE COURT: I think that's it. That was his wife
15 or his girlfriend or something, the last witness?

16 MR. FOX: I understood it was girlfriend.

17 THE COURT: Ms. Greene?

18 MR. FOX: Yes, sir.

19 THE COURT: And told -- told Deputy Feral that it
20 was for her. What was it? For her benefit?

21 MR. FOX: Her benefit. They've been through a
22 lot of accusations and she wanted to watch her
23 testimony is how he was trying to sell it to me. And
24 I'm still trying to understand it.

25 THE COURT: All right. So and anyway I don't --

1 I didn't know about it. He's upstairs. I obviously
2 want it deleted off the phone, but I don't know how we
3 can confirm that.

4 I'm not a tech guy, nor is by his own admission
5 Deputy Feral. So I don't know if it -- I mean, just
6 from hearing other people, it sounds like that even if
7 you delete it, you might have to delete it twice or
8 something like that.

9 So I just wanted to let y'all know and see if
10 there's anything that y'all -- any questions y'all
11 have or any --

12 MS. BROWDER: I'm tech savvy.

13 MR. FOX: You are tech savvy, but --

14 THE COURT: I mean, any reaction or questions,
15 suggestions, any of that from y'all?

16 MR. FOX: No, Your Honor.

17 THE COURT: All right. Okay. All right.

18 MR. FOX: I mean, I could offer -- I'll write a
19 report anyways. I can submit it into our evidence --

20 THE COURT: Okay.

21 MR. FOX: -- so that it's at least secured
22 through the trial and then we can get -- I don't know,
23 maybe there's a way, I'm not sure or whatever you want
24 to do or --

25 THE COURT: Yeah, that's --

1 MR. FOX: I can offer that on my end.

2 THE COURT: For whatever reason. Every like odd

3 --

4 MR. FOX: Are you going to make sure that that
5 happens?

6 THE COURT: -- nuanced kind of unusual thing
7 happen -- happens to me. Half the time I ask somebody
8 else who has been doing this for 20 years and they'll
9 say, I've never had that happen.

10 MR. FOX: I'm not going home until 2035, so.

11 THE COURT: Right. So, all right. Well I guess
12 --

13 MR. FOX: We got -- he's going to call Major
14 Johnson that was here yesterday.

15 THE COURT: Okay.

16 MR. FOX: He's real tech savvy.

17 THE COURT: Let's -- let's do that and just let
18 me know. We're going to break several minutes before,
19 5:00 today --

20 MR. FOX: Okay.

21 THE COURT: -- so it's not going to be a long
22 time, but I at least want to make sure that it's
23 deleted.

24 MR. FOX: Yes, sir.

25 THE COURT: And then as you say, you write a

1 report and then --

2 MR. FOX: I mean, I -- I'll do a report
3 regardless of the incident and we'll, like I say, what
4 do you want me to do with him? You want me to just
5 hold him for now? Do you want to talk to him or?

6 THE COURT: I don't know where --

7 MR. FOX: He's in my office right now.

8 THE COURT: No, I mean, I don't -- I don't need
9 to say anything to him right now, but I do want to
10 confirm that it's deleted and, you know, we can do
11 that in front of him so that he knows that, you know,
12 y'all aren't --

13 MR. FOX: Yes, sir.

14 THE COURT: -- destroying his phone or anything
15 like that.

16 MR. FOX: Yes, sir.

17 THE COURT: All right. And I'll let you know
18 when -- when we're about done and we can chat before
19 you cut him loose.

20 MR. FOX: Okay. I will hold him for now then and
21 -- and --

22 THE COURT: And you said you called the -- the
23 guy that was in here, that is the tech guy?

24 MR. FOX: Sergeant Mastrianni, just did, so.

25 THE COURT: Oh, okay. Perfect. All right.

1 Thank you, all. Thank you very much for catching
2 that.

3 MR. FOX: You're welcome.

4 THE COURT: I didn't see it at all.

5 MR. FOX: It's always my pleasure at the Richland
6 County Sheriff's Department.

7 THE COURT: That's right. All right. Whenever
8 y'all are ready, just -- Mr. Fox, if you need to speak
9 with your client for a few more minutes, we're fine.

10 MR. FOX: I'm fine.

11 THE COURT: Anything from the State before we
12 bring the jury in?

13 MS. BROWDER: No, sir.

14 THE COURT: Anything from defense?

15 MR. FOX: No, Your Honor.

16 THE COURT: All right. Yes, ma'am. Thank you.
17 All right. Oh, jumping the gun here. Jury.

18 MR. FOX: No, Your Honor.

19 THE COURT: Thank you, ma'am. Thank you ladies
20 and gentlemen. State may call its next witness.

21 MS. BROWDER: State calls Bailey Polson.

22 THE BALIFF: If you could face the Clerk, put
23 your left hand, and raise your right hand.

24 MADAM CLERK: Thank you. Please, have a seat on
25 the witness stand and say your full name for the

1 record.

2 THE WITNESS: Bailey Polson.

3 BAILEY POLSON,

4 A witness herein, having been first duly sworn, was
5 examined and testified as follows:

6 DIRECT EXAMINATION

7 BY MS. BROWDER:

8 Q. All right. Ms. Polson if you can just explain to
9 the jury how you're connected to this case?

10 A. I am the adoptive mom of Infant Two and Infant Three and
11 Sister.

12 Q. And how old are Infant Three and Infant Two now?

13 A. They are two and a half years old.

14 Q. Nice. I think I called you foster mom earlier.
15 What's the distinction?

16 A. We have signed all of our official adoptive
17 paperwork with DSS and so all my paperwork now says,
18 adoptive parent. And so I like just to call myself mom
19 because they've been with me for over two years now. So to
20 me, I'm just mom.

21 Q. Do you work?

22 A. I work part-time as an adjunct professor.

23 Q. And what do you teach?

24 A. Anatomy and physiology.

25 Q. How long have you been a part-time

1 professor?

2 A. Let's see, 10 years now.

3 Q. Have you done anything else for work?

4 A. Yes. I worked for two years as the children's
5 ministry director at our church.

6 Q. Okay. And when did you do that?

7 A. I started that in January of 2023 and then I
8 stopped this past year.

9 Q. Why did you stop?

10 A. Because we have six children and I did that job
11 when we just had our three girls. But once we brought the
12 Js **Sister**, **Infant Two** and **Infant Three**, we call them the Js. And then
13 we have our other girls, our Parker, Paisley, Portland, we
14 call them the Ps. So the Ps and the Js. And when the Js
15 came it just became a lot to work fulltime and take care of
16 all of the kids and all of their needs. So it's just too
17 much.

18 Q. So you're part of full-time care?

19 A. Full-time care.

20 Q. So you're married?

21 A. I am.

22 Q. And you said you have -- oh, how long have you
23 been married?

24 A. 16 years on -- on Friday.

25 Q. Happy anniversary.

1 A. Thanks.

2 Q. And you said you have three biological children?

3 A. We do.

4 Q. How old are they?

5 A. 12, 11 and six.

6 Q. And when did you become a foster parent?

7 A. Our license was in April of 2023.

8 Q. Did you ever foster any children before **Infant Three**

9 and **Infant Two** and **Sister**?

10 A. No.

11 Q. Have you fostered any children since then, other
12 than those three?

13 A. No.

14 Q. Tell us when you met **Infant Three** and **Infant Two**?

15 A. I remember that like it was yesterday. I'm
16 sorry.

17 Q. Take your time.

18 A. I remember it very, very clearly. It was March
19 the 12th and at the time I was the children's ministry --
20 thank you. I was the children's ministry director at our
21 church and one of our volunteers that worked in the
22 nursery, she is pouring down rain outside and she comes
23 walking in and she's holding this tiny baby and she says,
24 hey, can you hold him for me? I have to go get his
25 brother. And I'm like, sure.

1 So she hands me this little sweet tiny baby and I look
2 down, I now know that I was holding [Infant Two] and then I
3 thought, she's going to go get a brother and she's about to
4 bring in like a toddler or something and it was copy paste
5 and she brings in [Infant Three] and I remember everything about
6 seeing them for the first time. Everything.

7 Q. Well, tell us about it. What was your first
8 impression of [Infant Three]?

9 A. [Infant Three], I thought he was a newborn. Oh, he's so
10 tiny. He has like a longer face and he has kind of these
11 serious eyes when he looks at you like he's really looking
12 at you. And he was so small and he was so quiet. And I
13 remember thinking, oh my goodness, you tiny little nugget.

14 I just love you already. And I held [Infant Two] and he has
15 like a rounder face and he has the most beautiful brown
16 eyes. He was so small, he didn't make any sense and I
17 couldn't remember thinking, oh gosh, sweet boy.

18 And I held him the whole time that they were there.
19 That Monday I kept them for their foster mom because she's
20 still working at the time.

21 And so they came over to the house and that's when I
22 really got to see them and our girls got to hold them and
23 we were going through like the foster care licensing
24 process.

25 At that time, we just had not finalized our license.

1 And I just give me one second. If you have kids and
2 they're hungry, they cry. And if you have kids and their
3 diapers are dirty, they cry and they -- my boys, they did
4 not cry. They didn't cry for anything. They didn't, I
5 mean -- I'm really so sorry.

6 Q. No, no, no. You're -- you're fine. Just take a
7 deep breath. I'm going to ask you, you mentioned, their
8 foster mom. Can you tell the jury who you're talking
9 about?

10 A. Yes. Their first foster mom who had them prior
11 to me.

12 Q. Did you know this person well?

13 A. Yes.

14 Q. Okay. And so when you met them on 3/12, they
15 were in her care?

16 A. In her care, yes.

17 Q. Okay. I'm going to show you some pictures.
18 Okay. Ms. Polson, I'm going to hand you these pictures.
19 If you can just take a look at them and tell me if you
20 recognize them.

21 A. Uh-huh (affirmative).

22 Q. And just for the record, I present you here with
23 what's been pre-marked as Exhibits 47, 49, 51. Just, what
24 are they?

25 A. These are my boys. This is  right here.

1 He's kind of sitting up a little bit and you can see his
2 hair and you'll see his brown eyes.

3 Q. And we are going to show the jury the pictures
4 too, so you can kind of explain to them what we're looking
5 at when we put them on the -- on the screen there?

6 A. These are -- this is **Infant Two** and **Infant Three** --

7 Q. Okay.

8 A. -- when I -- what they looked like when I first
9 met them.

10 Q. Okay. And are you able to tell without telling
11 us, how are you able to tell the difference between the
12 two?

13 A. Oh, yeah.

14 Q. Okay. Do you know -- did you take these
15 pictures?

16 A. These were given to me by their first foster mom
17 and sent back and forth. We text a lot.

18 Q. Okay. Do you know the dates that these pictures
19 were taken?

20 A. Yes. These were taken on either -- it was either
21 the 12th or the 13th. I wouldn't remember it, but one or
22 two days after they first came into care.

23 Q. Do pictures look accurate? Is that how they
24 looked around that time?

25 A. Yes. This is how they look.

1 Q. Okay. Your Honor, at this time the State moves
2 to Enter exhibits 47, 49 and 51 into evidence as State's
3 Exhibits 47, 49 and 51.

4 THE COURT: All right. Any objection?

5 MR. FOX: No, sir.

6 THE COURT: All right. Without objection, so
7 entered.

8 (Exhibits 47, 49 and 51 entered)

9 MS. BROWDER: I'm going to let you hang onto
10 these. We're going to -- permission to publish these
11 pictures, Your Honor.

12 THE COURT: Yes, ma'am.

13 BY MS. BROWDER:

14 Q. Oh, you can turn that screen towards you if you
15 need to. Can you tell the jury who we're looking at?

16 A. That's Infant Two.

17 Q. That's Infant Two. Okay. He's -- he's holding his
18 head up?

19 A. Yes, but barely. He didn't do that a lot. They
20 -- that, yes that's Infant Two.

21 Q. And how do you know that that's Infant Two?

22 A. Oh, you see, he has a round face and his eyes are
23 a little bit darker. He has a tiny scar on the right
24 corner of his lip. And I just -- that's -- that's the way
25 he -- that's him.

1 Q. Can you go to 49? And who is that?

2 A. That's **Infant Three**. I can tell you that that's
3 **Infant Three**. You see his face is just a little bit longer and
4 his eyes are a little bit lighter. And his -- he's got the
5 best eyebrows. Can you see them?

6 Q. Who's holding **Infant Three**?

7 A. This is the first foster mom's daughter. And I
8 know that that's her because she also babysat for us. And
9 I know her hands, but that's who that is. That's her
10 daughter.

11 Q. Okay. Can you go to Exhibit 51. Okay. And can
12 you tell us which baby is which?

13 A. Yes, I can. This is **Infant Two**. You see round face
14 right there. This is **Infant Three**, he's serious. Even when he
15 sleeps, you see his little eyebrows. He's most serious
16 one. Yes, that's them.

17 Q. So I guess, for the record, **Infant Two** is the one
18 that's sling in front of which stuffed animal?

19 A. The blue dinosaur.

20 Q. Okay. And **Infant Three** is in front of which stuffed
21 animal?

22 A. The orange dinosaur.

23 Q. Do you remember how much they weighed at this
24 time about?

25 A. I think that they were like 10 pounds-ish. I

1 think they were 10-ish pounds. I do remember how much they
2 weighed when they came to me in May.

3 Q. Okay. Yeah. And I'm -- I'm going to ask you
4 that, too. We're going to get into I guess, before they
5 came into your care, if you can remember about that. So
6 they came into your care in May, is that what you're
7 saying?

8 A. Yes. But I kept them between when they came into
9 care. I babysat overnight for the first foster mom. They
10 came and stayed with us and I kept them during the day
11 while she had appointments.

12 Q. Do you remember about how often you kept them?

13 A. Probably like once or twice a week and then over
14 a weekend.

15 Q. Okay. I'm going to ask you some questions about
16 what you observed kind of about their motor skills, and
17 this is going to be before they came into your home.

18 A. Okay.

19 Q. Were either of the -- were either **Infant Three** or **Infant Two**
20 holding their head up on around?

21 A. **Infant Two** could for a little while, sometimes could
22 for short periods of time, **Infant Three** could not.

23 Q. Okay. Were either **Infant Three** or **Infant Two** rolling over?

24 A. No.

25 Q. Were either of them crawling?

1 A. No.

2 Q. Were either of them pulling up home furniture?

3 A. No.

4 Q. Any other motor skills that I haven't mentioned
5 that either of them were doing?

6 A. They could not sit up. They couldn't.

7 Q. You said you're a mom, right?

8 A. Yes.

9 Q. Did your eight-month-old roll over? When your
10 child was eight months old, did they roll over?

11 A. They did.

12 Q. What about eight months old, were they sitting
13 up?

14 A. Yes, they were.

15 Q. Were they crawling at eight months old?

16 A. Two of them were.

17 Q. Okay. Able to hold their own bottle?

18 A. Yes.

19 Q. Okay. So as you're helping Tracy out, I know
20 watching the babies regularly, are you noticing them
21 gaining any weight?

22 A. Oh, yes.

23 Q. Okay.

24 A. Quickly.

25 Q. Okay. I'm going to now show you what's been

1 pre-marked as State's Exhibit 52. And if you can just take
2 a look at this and tell me what it is?

3 A. This is **Infant Two** and **Infant Three** and I can't remember
4 exactly when this was. This is like probably about a week,
5 maybe about a week after they came into care.

6 Q. Did you take that picture?

7 A. This one was also taken by first foster mom.

8 Q. Okay. But does the picture accurate -- oh, I'm
9 losing -- I can't speak. Does the picture accurately
10 reflect how the babies looked at that time?

11 A. Oh, yes. Exactly what they looked like.

12 Q. Okay. Does the picture look to be messed with in
13 any way?

14 A. No.

15 MS. BROWDER: Your Honor, at this time the State
16 moves to enter Exhibit 52 into evidence as State's
17 Exhibit 52.

18 THE COURT: Any objection?

19 MR. FOX: No, Your Honor.

20 THE COURT: All right. Without objection, so
21 entered.

22 MS. BROWDER: Permission to publish?

23 THE COURT: Yes, ma'am.

24 BY MS. BROWDER:

25 Q. Okay. Can you tell us which baby is left?

1 A. This is **Infant Two**. And you see round face, the sweet
2 eyes and he's got that tiny scar right there on his lip.
3 So he would be the one on the right in the white elephant
4 onesie. This is **Infant Three** right here in the blue onesie.

5 And look, you can tell he is got that longer face.
6 Look at those eyebrows. And that's -- that's **Infant Three**.

7 Q. So this is about a week after they came into care
8 --

9 A. Yes.

10 Q. -- you said?

11 A. Yes.

12 Q. They started gaining weight?

13 A. Oh, yeah. Look, I mean, look at **Infant Two's** eyes and
14 they start to lighten up a little bit. I don't know if you
15 remember in that first picture they were so dark. And look
16 at his little cheeks. Right. Look at **Infant Three's** little
17 cheeks. Look at **Infant Three's** thighs. You see his little --
18 see his little roll right there?

19 Q. Do you know about how much weight they had
20 gained?

21 A. Yes. Okay. Yes, because first foster mom and I
22 talked about that and they had gained like over four pounds
23 in that first week home.

24 Q. What were they eating?

25 A. Oh, they were on, okay, it was like a special

1 formula for preemies. NeuroPro, Neuro -- Neuro, I'm sorry,
2 NeoSure NeuroPro.

3 Q. What was special about it?

4 A. It's a high calorie formula for babies that are
5 underweight or premature.

6 Q. Do you know about how much they were getting?

7 A. Yes. When I kept them, they were getting like
8 four to six ounces every three to four hours. Usually six
9 ounces, first thing in the morning and six ounces before
10 bed. And then roughly like you would try for six, but we
11 were doing good if you got four in them during that -- that
12 time.

13 Q. Did either of them have problems with feeding?

14 A. No.

15 Q. Okay. They would generally take the entire?

16 A. Yes.

17 Q. Okay. This is about when they came to care. Any
18 motor skill development at this point that you noticed?

19 A. **Infant Three** still struggled to hold his head up and
20 stuff like that. But **Infant Two**, he was starting to hold his
21 head up more and both of them, so I kept them and both of
22 them started to make sounds to talk and cough and -- and
23 cry, that happens. Cry.

24 Q. Which they were not -- they weren't doing that
25 when they first -

1 A. No.

2 Q. -- when you first met them?

3 A. No, ma'am.

4 Q. Okay. All right. I am going to show you two
5 more pictures that have been pre-marked as State's Exhibits
6 48 and 50.

7 A. Yeah. These are supposed to be silly pictures of
8 the boys right here. This is them getting ready for bed.
9 So they're -- you'll see their little onesies are like on
10 top of their head. But this is **Infant Two** and **Infant Three**.

11 It's about three weeks after coming into care and you
12 can see that with assistance, both of them are able to sit
13 up and we called it the hunk -- you'll see they're a little
14 chunky selves. These are -- this is **Infant Two** and **Infant Three**.

15 Q. Are they still with their first foster mom at
16 this point?

17 A. They are still here, but at this point we are
18 starting to finish up our paperwork and making the decision
19 to have them move to our home.

20 Q. Do these photos accurately represent what they
21 look like at this time?

22 A. Yes.

23 MS. BROWDER: Okay. Your Honor, at this time the
24 State moves to enter Exhibits 48 and 50 into evidence.

25 THE COURT: All right. Any objection?

1 MR. FOX: No, Your Honor.

2 THE COURT: All right. Without objection, so
3 entered.

4 MS. BROWDER: Permission to publish?

5 THE COURT: Yes, ma'am.

6 BY MS. BROWDER:

7 Q. Okay. Who is this?

8 A. That's **Infant Two**. That's supposed to be a silly
9 picture. I didn't know that it would be used in this way,
10 but that is him. That's **Infant Two**. And you can tell again, you
11 see his face is a little bit more round and he's got that
12 tiny scar right there on his lips in his eyes. But look at
13 him.

14 Q. Who's holding his hand?

15 A. That's her babysitter.

16 Q. And how much weight had **Infant Two** gained at this
17 point?

18 A. I can't -- I can't remember exactly, but it was
19 like between five and six pounds at this point.

20 Q. Okay. Go to Exhibit 50. Okay. Who is this?

21 A. That's **Infant Three**. And again, he's just got like a
22 longer face and he's got that serious look, but also his
23 eyebrows and even like we were -- you know, he's having a
24 great time here and he's just real serious.

25 Q. Is that the babysitter holding him?

1 A. Yes.

2 Q. Holding his hand?

3 A. It is.

4 Q. How much weight had Infant Three gained at this point?

5 A. A little bit more than Infant Two at this point and so
6 Infant Three took off a little bit more than Infant Two weight-wise at
7 this point, so I want to say about six pounds here. And
8 this is when their weight sort of stabilized, I guess is
9 what you'd say. And they just started following that
10 growth curve.

11 So like if I go back and look at their charts now, we
12 just see that it's like, you know, just, this is where we
13 kind of found a stabilization about three to four weeks
14 into care, weight is up and they're so much more alert and
15 they were doing really well.

16 Q. Are they still on the same formula?

17 A. At that time, yes.

18 Q. And I know you can see in some of these pictures,
19 or at least the last two pictures both the babies are
20 sitting up assisted --

21 A. Assisted.

22 Q. -- sitting up?

23 A. Yes.

24 Q. Any other motor skills developed?

25 A. Yes. At this point they can both hold their

1 heads up. They can both sit up with some help. And again,
2 just starting to get more of that like alertness and
3 awareness of people and familiar people and sounds.

4 Q. And how old are they in this picture?

5 A. They're about nine months here. Nine months.

6 Q. Okay. So when did they come into your care?

7 A. They came full time to our home on May 3rd, 2023.

8 Q. And why were they moved?

9 A. First foster mom was taking a different position
10 and we -- our home was available and since we already had a
11 relationship with them and knew them and they knew us, it's
12 less traumatic to move them from one -- one home to another
13 if they -- they know that -- the home and those people.
14 And so --

15 Q. And how did they look physically when you brought
16 them into your home?

17 A. Excellent.

18 Q. Do you remember how much they weighed around May?

19 A. Yes. They weighed 16 and 17 pounds.

20 Q. Any change in the type of formula they were
21 getting at that time?

22 A. No. They -- they stayed on the same formula
23 until they were 15 months old.

24 Q. And any change in the amount of formula they were
25 receiving at this point?

1 A. Yes. So now they're drinking about six to eight
2 ounces.

3 Q. I kind of want to pivot and talk about some of
4 their medical needs. Did you take them to the doctor?

5 A. Yes.

6 Q. Let's start with **Infant Three**. What sort of doctors
7 did you take **Infant Three**?

8 A. So in May when they came to our care full-time to
9 be in our home, obviously, I took him to our regular
10 pediatrician. We also got set up with BabyNet Services.
11 And then after meeting with our regular pediatrician and
12 his referral to BabyNet, he kind of set up for us based on
13 their history and everything, a set of specialists and
14 BabyNet set up some therapies for us.

15 Q. What type of specialists?

16 A. I'll try to remember all of **Infant Three's**.

17 Q. It's okay. Just like a -- just a general --

18 A. Ophthalmology, pulmonology, cardiology,
19 neurology, orthopedics. I don't think I'm forgetting any.

20 Q. And about how often did -- did they see these
21 doctors?

22 A. Oh --

23 Q. Did **Infant Three** see these doctors?

24 A. We still go to all of those doctors. And we are
25 in the doctor's office once a week and a doctor between all

1 three, I guess I should say, between all three of the Js,
2 we are in a doctor's office once a week between
3 specialists.

4 Q. Between **Infant Three** and **Infant Two**, I know we'll talk about
5 **Infant Two** in a second. Who requires the most medical care?

6 A. **Infant Three**.

7 Q. What kind of needs medically does **Infant Three** have?

8 A. **Infant Three** is considered special needs. So **Infant Three**
9 requires speech therapy twice a week, physical therapy
10 twice a week, occupational therapy once a week, early
11 intervention once a week. He's in leg braces. We just
12 moved to half a day instead of a whole day and we were told
13 that he might never walk or talk, but I just wanted, on the
14 record that he walks and he talks. So he's awesome.

15 Q. When did he start walking?

16 A. In January of this year.

17 Q. And how old was he at that point?

18 A. Two. About two -- two and a half-ish.

19 Q. What about talking, when did he start talking?

20 A. Oh, he started talking about 18 months. Like
21 single words and sounds like mama, dada, baba, bye-bye,
22 those kind of things.

23 Q. Have **Infant Three's** medical needs slowed down since
24 the beginning?

25 A. No, ma'am.

1 Q. Let's talk about Infant Two. Do you take Infant Two to the
2 doctor?

3 A. Yes. I also take Infant Two to the doctor.

4 Q. And tell us about what kind of doctors Infant Two sees?

5 A. We -- we have our regular pediatrician. He also
6 has therapies and he sees all of the same specialists as
7 Infant Three, except he sees an ENT and he did not have to see
8 urology, which Infant Three saw a urologist, but Infant Two didn't
9 have to.

10 Q. Does Infant Two have any specific medical needs that
11 are different from Infant Three?

12 A. Just he has ear tubes because he got recurrent
13 ear infections, which just happens. So that would be the
14 only, I guess, difference.

15 Q. When did Infant Two start walking?

16 A. He started walking at 18 months.

17 Q. And when did he start talking?

18 A. He started talking about -- about 15 months. He
19 started saying some, like mama dada and two to three words
20 in 18 months. He's still in speech therapy twice a week as
21 well.

22 Q. And what other therapies -- you said you've had
23 multiple therapists?

24 A. Uh-huh.

25 Q. What other therapies?

1 A. He has speech twice a week. OT once a week, PT
2 once a week, and early intervention once a week.

3 Q. And in terms of their weight and their growth at
4 this point, do you know about where they fall in terms of
5 their like weight percentile, like when you take them to
6 the pediatrician?

7 A. I actually know exactly where they fall because
8 they had to go to the doctor like recently and [Infant Two] weighs
9 26 pounds and he's in that eighth percentile, which I know
10 he is a tiny nugget, but he's tracking on his curve. So he
11 weighs 26 pounds. [Infant Three] is 29, almost 30 pounds, and
12 he's in the 34th percentile.

13 Q. From the time they came into your care really to
14 today, did you do anything other than feed them to help
15 them gain weight?

16 A. No. Not to gain weight, no.

17 Q. And so compared to when they first came into your
18 home or really came into care back in March of 2023, how
19 would you say they're doing now in comparison to back then?

20 A. They are thriving. They're doing really, really
21 well.

22 MS. BROWDER: Thank you. I beg Court's
23 indulgence. All right. Thank you, Ms. Polson. I
24 don't have any more questions for you. Please answer
25 any that the defense might have.

1 THE COURT: All right. Cross-examination.

2 MR. FOX: Thank you, Your Honor.

3 THE COURT: Mr. Fox. Yes, sir.

4 CROSS-EXAMINATION

5 BY MR. FOX:

6 Q. Ms. Polson, right off the bat in your testimony
7 with regard to the -- the Js, **Infant Two** and **Infant Three**, Js that it
8 took a lot of care?

9 A. Yes. A lot of care. Yes, sir.

10 Q. And it was too much sometimes, obviously not too
11 much for y'all to handle, but it was a lot?

12 A. It -- yes, a lot. I would say a lot.

13 Q. You have three other children?

14 A. Yes, we have six.

15 Q. All right. And they're 12, 11 and six?

16 A. Yes.

17 Q. They're natural. So at the time that the three
18 youngest, the Js came in, your children were old enough at
19 that point to feed themselves, I mean, literally put food
20 in their mouth, right?

21 A. Yes. Yes.

22 Q. They dressed themselves --

23 A. Yes, sir.

24 Q. -- and bathe themselves and do a lot of the care.
25 Obviously, you don't ignore an 11-year-old, but there was

1 --they were able to take care of basic needs by themselves,
2 correct?

3 A. Yes. My -- I would say my two older girls, yes.
4 But our -- at that time we had a three turning four year or
5 so.

6 Q. I understand. You're married?

7 A. Yes.

8 Q. What's your husband doing?

9 A. He is in the Army National Guard. And he owns a
10 company.

11 Q. He owns his own company?

12 A. Yes. He owns.

13 Q. Where do y'all live?

14 A. In Lexington.

15 Q. Okay. So financially you were able to support
16 six kids?

17 A. Yes, sir.

18 Q. Okay. And address all of their medical needs?

19 A. Yes, sir.

20 Q. Okay. And so you have, in addition to yourself,
21 there's your husband, and would you say your husband is
22 supportive?

23 A. Very supportive.

24 Q. Okay. Financially supportive?

25 A. Very.

1 Q. Okay. Emotionally supportive?

2 A. Yes.

3 Q. He's physically present?

4 A. Yes.

5 Q. Okay. And then you have, is your 12-year-old now
6 able to help with any of the kind of basic care with the
7 young ones?

8 A. Yes. The older two, yes.

9 Q. The older two are. Okay. So you have you and
10 your husband and -- and two of your two your older
11 children?

12 A. Uh-huh (affirmative).

13 Q. The Ps and so they're able to pitch in some?

14 A. Yes.

15 Q. Right. Maybe change a diaper, get a bottle or
16 something like that? Okay. And you mentioned a
17 babysitter?

18 A. Uh-huh (affirmative).

19 Q. Okay. Did you have one babysitter?

20 A. No, sir.

21 Q. Okay.

22 A. We have multiple, I mean, we had one primary,
23 yes. But --

24 Q. How often is that babysitter around you?

25 A. At the time when I was working full-time or now?

1 Q. Well, let's start with when you were working
2 full-time.

3 A. When I was working full-time Monday through
4 Friday.

5 Q. Okay. How many hours a day?

6 A. Six, seven hours a day.

7 Q. Okay. What about now you're not working
8 full-time?

9 A. No, not working full-time. So now I'm the
10 primary caregiver of our children, and so we have a
11 babysitter for date nights or those kind of things, but --

12 Q. But your day to day, you're there in the home?

13 A. Yes. Yes sir.

14 Q. Okay. Does your husband's business give him
15 flexibility in -- in the hours? Can he kind of set his own
16 schedule?

17 A. Sometimes, yes, and sometimes, no.

18 Q. Of course. What about I think you mentioned you
19 worked in a -- in a church daycare. Do you have a -- a
20 faith community that's supportive that -- that you engage
21 in?

22 A. I do.

23 Q. Okay. You mentioned some other. So you have a
24 very strong village around you to help raise your six kids?

25 A. Yes, sir.

1 Q. When they go to the doctor, do they generally all
2 three need to go at once or do they do if they're seeing
3 the same doctor, do the two, the **Infant Two**, the -- the **Infant Two** and
4 **Infant Three**, do they tend to go at the same time?

5 A. Yes. So if it's the same doctor, then I try to
6 schedule them together so I don't have to go multiple
7 times.

8 Q. How does that work? Literally, when you're
9 hauling multiple kids and you've got other kids at home?
10 How does that literally work? How do you coordinate that?

11 A. I coordinate with help. I mean, I reach out to
12 my mom, to our babysitter and then we just kind of tag
13 team.

14 Q. So you have other family in the area like your
15 mother?

16 A. Yes. And sometimes I've taken all six kids to
17 the doctor and to the grocery store. I mean, I have taken
18 them all.

19 MR. FOX: I understand. Okay. Now -- thank you.
20 That's all the questions I have.

21 THE COURT: Any redirect?

22 MS. BROWDER: No, Your Honor.

23 THE COURT: All right.

24 (Witness released.)

25 THE COURT: All right. Ladies and gentlemen,

1 we're going to cut today a little short so you can
2 beat traffic. We will meet in the morning. We'll
3 begin at 9:30. Before you're dismissed, I need to
4 tell you yet again, please do not discuss the case
5 with anybody outside the courthouse or -- or in --
6 with each other.

7 Please don't seek out or read any media or any
8 information about the case. And always keep an open
9 mind about all issues in the case until you begin your
10 deliberations. Thank you very much and have a nice
11 evening.

12 (Jury leaves the courtroom.)

13 THE COURT: All right. The jury is --is -- is
14 out of the room. Anything from the State before we
15 adjourn for the day?

16 MS. BROWDER: No, sir, Your Honor.

17 THE COURT: Anything from the Defendant?

18 MR. FOX: No, Your Honor.

19 THE COURT: Okay. I did just hear from the --
20 the deputies that the sheriff's department or -- or
21 law enforcement IT person has confirmed that the --
22 the video of that one witness that we had, Ms. Greene,
23 has been fully and completely deleted. I certainly
24 trust him a lot better than I would trust myself with
25 that.

1 And so I'm going actually to bring him down and
2 just let him know if this happens again then -- that
3 he's going to spend some time -- some time in jail.
4 Is there -- so anything that -- about that issue, I
5 assume that y'all don't have any issue with that since
6 it's been deleted, but I just wanted to let you know.

7 All right. Thank y'all very much. We'll see
8 y'all at -- probably lawyers probably 9:15, but we'll
9 start at 9:30.

10 MR. FOX: Yes, sir.

11 MS. BROWDER: Yes, sir.

12 THE COURT: All right. Thank you.

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24
25 (Court was adjourned for the day.)

CERTIFICATE

I, THE UNDERSIGNED BRANDI J. BERRY, CERTIFIED COURT REPORTER FOR THE FIFTH JUDICIAL CIRCUIT OF THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE, ACCURATE AND COMPLETE TRANSCRIPT OF RECORD OF ALL THE PROCEEDINGS HAD AND EVIDENCE INTRODUCED IN THE HEARING OF THE CAPTIONED CAUSE, RELATIVE TO APPEAL, IN THE CIRCUIT COURT FOR RICHLAND COUNTY, SOUTH CAROLINA, ON THE 12TH DAY OF MAY, 2025.

I DO FURTHER CERTIFY THAT I AM NEITHER OF KIN, COUNSEL, NOR INTEREST IN ANY PARTY HERETO.

/S/Brandi J. Berry, CVR

COLUMBIA, SOUTH CAROLINA

JANUARY 8th, 2026

STATE OF SOUTH CAROLINA	)	COURT OF GENERAL SESSIONS
	)	FIFTH CIRCUIT
COUNTY OF RICHLAND	)	2023-GS-40-09405
*****	)	2023-GS-40-09409
State of South Carolina,	)	2023-GS-40-09412
	)	
v.	)	
	)	
Breonte Alexandria Glasgow	)	
Defendant.	)	Transcript of Record
*****	)	

May 15, 2025

Columbia, South Carolina

Volume IV of IV
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Criminal Trial

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B E F O R E:

The Honorable Thomas William McGee, III, Judge

A P P E A R A N C E S:

On Behalf of the State:	Anna Browder, Esq. Deputy Solicitor
	Kathryn Cavanaugh, Esq. Sr. Assistant Solicitor
	Morgan Monroe, Esq. Assistant Solicitor
On Behalf of the Defendant:	Eric Fox, Esq. Emily Coley, Esq. State Public Defenders

Brandi J. Berry,
Judicial Circuit Court Reporter

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I N D E X

(SW) - STATE'S WITNESS (DW) - DEFENSE WITNESS

WITNESS	DIRECT	CROSS
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(SW) DR. LADONNA YOUNG 646 706

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1 (Thursday, May 15, 2025; in open court,
2 Columbia, South Carolina, Richland County.)

3 THE COURT: We'll go on the record. I'm told
4 that the jury is here. Is there anything from the
5 State that we need to address before bringing the jury
6 in?

7 MS. BROWDER: No, sir.

8 THE COURT: All right. Thank you. Anything from
9 defense, Mr. Fox?

10 MR. FOX: No, Your Honor.

11 THE COURT: All right. Thank you very much. If
12 the jury is all here, we can go ahead and bring them
13 in.

14 (Jury enters the courtroom.)

15 THE BALIFF: Jurors are seated, Your Honor.

16 THE COURT: Thank you, ma'am. Good morning,
17 ladies, and gentlemen. Thank you so much for being --
18 just being here on time. We greatly appreciate that.
19 And now, this morning we'll continue with the State's
20 case and the State can call its next witness.

21 MS. BROWDER: Thank you, Your Honor. The State
22 calls Dr. Ladonna Young.

23 MADAM CLERK: Thank you. Please take a seat on
24 the witness stand and state your full name for the
25 record.

1 THE WITNESS: My name is Ladonna Alexandria
2 Young.

3 DR. LADONNA ALEXANDRIA YOUNG,

4 A witness herein, having been duly sworn, was examined
5 and testified as follows:

6 DIRECT EXAMINATION

7 BY MS. BROWDER:

8 Q. And Dr. Young, where are you employed?

9 A. I am employed with the University of South
10 Carolina School of Medicine and I have privileges at Prisma
11 Health Children's Hospital Midlands.

12 Q. Okay. And what is your job title there? What do
13 you do?

14 A. I am a child abuse pediatrician and I'm the
15 medical director for the Midlands Family and Child Advocacy
16 Clinic.

17 Q. And what is a child abuse pediatrician?

18 A. A child abuse pediatrician is a physician that's
19 gone through four years of medical school, three years of
20 general pediatric residency, and then another three years
21 of child abuse fellowship training.

22 Q. And as a child abuse pediatrician, what type of
23 assessments do you do?

24 A. So when children are brought to my clinic or to
25 the hospital with concerns by either their pediatrician,

1 law enforcement, DSS, or any other mandated reporters, we
2 do physical exams. We obtain medical histories from the
3 caregivers of present or previous medical records and if
4 indicated we order imaging studies, we do lab tests and
5 then we form an assessment.

6 Q. Can you tell the jury a little bit about your
7 education and training? You had mentioned medical school
8 fellowships, that sort of thing. Where did you go to
9 college?

10 A. I went to Howard University in Washington DC.

11 Q. Okay. And when did you graduate from there?

12 A. I graduated in 2007.

13 Q. And where did you go after that?

14 A. I went to the University of Tennessee Health
15 Science Center and graduated with my medical degree in
16 2011.

17 Q. Okay. And what happens for training purposes
18 after medical school?

19 A. So you -- once you pick your subspecialty, which
20 I picked general pediatrics, you do three years of medical
21 residency training. I did that at University of Tennessee
22 in Memphis.

23 So I completed three years of that. And then if you
24 want to further train or subspecialize, you have to do
25 additional years. And so I did three more years to become

1 an expert in child abuse pediatrics. And that was done in
2 Norfolk, Virginia at Children's Hospital, the King's
3 Daughters in Eastern Virginia Medical School.

4 Q. And where have you been since then?

5 A. In 2017, I was hired to come down here and I've
6 been employed with the USC School of Medicine and
7 previously, Palmetto Health, but now Prisma Health Medical
8 Center since 2017.

9 Q. You said you're the medical director there?

10 A. Yes.

11 Q. Do you have any board certifications?

12 A. Yes.

13 Q. What are those?

14 A. Board certified in general pediatrics and board
15 certified in child abuse pediatrics.

16 Q. And do you teach?

17 A. I am required to give lectures, yes, ma'am.

18 Q. And how often do you give lectures?

19 A. Minimum of two a month, sometimes three or four
20 times a month.

21 Q. Have you testified before as an expert in the
22 field of child abuse pediatrics?

23 A. Yes.

24 Q. Approximately how many times?

25 A. 35 times, approximately. Give or take.

1 Q. At this time, Your Honor, we offer Dr. Young as
2 an expert in child abuse pediatrics.

3 THE COURT: All right. Any voir dire or
4 objections from the defense?

5 MR. FOX: No questions and no objections.

6 THE COURT: All right. Thank you. Ladies and
7 gentlemen of the jury, we've had this a few times, but
8 just to remind you that typically, a person or a
9 witness cannot give opinion testimony. However, there
10 is an exception when someone is qualified because of
11 education or experience, they're permitted to give
12 their opinion in certain areas if -- which qualifies
13 them that way. This witness will be qualified in the
14 area of child abuse pediatrics. To give opinion
15 testimony in that area does not mean you must accept
16 the opinion, but it is evidence for you to use in any
17 way you see fit and to give the weight, and the
18 credibility you deem appropriate. Ms. Browder.

19 BY MS. BROWDER:

20 Q. Thank you, Your Honor. How did you become
21 involved in the case of **Infant One**, **Infant Three** and **Infant Two** ?

22 A. So as a part of my working contract, we do
23 reviews with SLED investigators once a month to review any
24 fatalities and **Infant One's** case was brought to me during our
25 SLED fatality review and upon learning that he had

1 siblings, I requested that the siblings go to the hospital
2 to be evaluated in the emergency department. And then we
3 scheduled a clinic appointment for them to come see me
4 outpatient as well.

5 Q. Okay. And did you also -- were you also involved
6 when it came to **Infant One** and assessing him?

7 A. I did a records review and generated a report for
8 the SLED agents, yes.

9 Q. Okay. In doing that, how do you -- let's start
10 with, I guess, **Infant One**. How do you -- what records do you
11 have? How do you review -- how do you go about doing that?

12 A. I essentially ask for all the records that SLED
13 has available to them and sometimes I request for
14 additional medical records for completeness and to be
15 thorough. I don't want to miss any information, so I ask
16 for medical records if those aren't presented to me. And
17 then SLED also provides me with autopsy reports, autopsy
18 photos, and scene photos as well.

19 Q. And why is it important for you to review those
20 records before giving an opinion?

21 A. Medicine is not really practiced in a silo; you
22 have to make sure you're taking multiple things into
23 consideration. To not consider other factors would be
24 erroneous. And so I want to make sure that I have as much
25 information as possible. Also, just understanding the

1 severity of what my job is, I want to make sure that's
2 thorough and done to the best of my abilities.

3 Q. What type of previous factors would you want to
4 be aware of; things like prematurity?

5 A. Absolutely. Any child, especially, two years or
6 younger, you want to know all their birth records, all
7 their medical records, if they've been to any urgent cares,
8 emergency departments, every primary care visit they've had
9 to make sure that you're not missing any medical diagnoses
10 or any other social factors that might be listed in their
11 records to make sure you're not missing any information.

12 Q. Okay. And for **Infant One**, can you tell the jury what
13 records you reviewed?

14 A. Yes, if I can refer to my report.

15 Q. Yes.

16 A. So I was able to access his medical history from
17 birth from Prisma Health Baptist, which is where he was
18 transferred after he was born at Levine Children's. And
19 then I was also able to review autopsy photos, autopsy
20 reports, 154 scene photos from the home, and 83 autopsy
21 photos as well.

22 Q. And were all those important when doing your
23 report?

24 A. Yes.

25 Q. Now, after you reviewed all of that, did you come

1 to an opinion as to Infant One?

2 A. I did.

3 Q. Now, in order to get that opinion, when Infant One
4 died, how much did he weigh?

5 A. He was 3.26 kilograms and that translates to 7.2
6 pounds.

7 Q. Okay. And do you know how -- approximately, how
8 old Infant One was at that time?

9 A. Eight months.

10 Q. And as a child abuse pediatrician, for an
11 eight-month-old child, whether they're premature or not is
12 7.9 pounds, big, small, medium?

13 A. Severely underweight.

14 Q. And when you say severely underweight, does that
15 mean that he's necessarily malnourished or is that just his
16 weight in itself is just severely underweight?

17 A. There's a lot of different factors you have to
18 consider. You have to look at how premature was he, did he
19 have any other medical diagnoses that would contribute to
20 poor weight gain, like, any GI or gastrointestinal issues?

21 Did he have heart issues? Sometimes that restricts
22 how much formula a child can take in at a time. Were there
23 any immunology issues to where maybe the child had frequent
24 infections and prevented them from gaining weight well? So
25 you have to look at all those things in totality to make

1 sure that this isn't something that's just a lack of
2 calories, but something else.

3 Q. And did you do that; look into everything?

4 A. I looked at the discharge diagnosis from the NICU
5 to see what kind of diagnosis **Infant One** had ongoing after he
6 was discharged from the hospital and sent home.

7 Q. And did he have anything that would've
8 contributed to his weight at the time of death?

9 A. No, not at the time of discharge.

10 Q. Okay. Can you tell the jury when you looked at
11 the photographs of **Infant One**, what did you notice first?

12 A. I noticed the lack of -- the report says adipose
13 tissue, which is just the medical term for fat cells or
14 fat. I noticed that he had prominent ribs, I could see a
15 lot of the bones in his body. The skin folds were very
16 loose. There wasn't a lot of muscle tissue. He looked
17 very thin.

18 Q. Okay. And is that typical in an eight-month-old
19 child?

20 A. Absolutely not.

21 Q. Is it typical in any child?

22 A. Yes.

23 Q. Okay. But for the eight-month-old **Infant One**, is
24 your opinion that that was not typical?

25 A. Yes.

1 Q. Can you explain to the jury what is
2 malnourishment?

3 A. So malnourishment is -- basically, it's a
4 compilation of different things. If you have a lack of
5 protein, a lack of glucose or sugars, a lack of calories,
6 you can become malnourished.

7 Some just includes muscle wasting, other things can
8 include a lack of fat tissue and so that -- it can
9 encompass different things. But for this case there was a
10 -- a lack of fat tissue and muscle.

11 So there was concern for a lack of nutrition, glucose,
12 proteins, and sugars.

13 Q. And you stated that when he was discharged from
14 the NICU he was doing well from what you could tell from
15 the records, did you review -- can you explain to the jury
16 based on your review of the records, what you looked at in
17 determining whether he was gaining weight, losing weight,
18 whether he was malnourished?

19 A. Yes. So the first thing I wanted to look at was
20 to see did he require a feeding tube while he was in the
21 NICU. Some child -- children that are really premature do
22 require that, but at the time of his discharge he was
23 taking full feeds by mouth, which means he could take
24 normal formula from a bottle or breast milk if that's how
25 the parents choose to feed without any complications.

1 He was taking formula, albeit smaller volumes because
2 you want to advance it kind of slowly. Because as the
3 child grows, their stomach also grows and then you can
4 increase the volume as they grow, which is why frequent
5 follow-ups are important.

6 So you can make sure, oh, they're growing well at two
7 ounces, he's not having any choking issues, spitting up
8 issues, lack of weight gain.

9 So we can maybe advance it to two and a half ounces,
10 or three ounces and you kind of do that in a stepwise
11 fashion.

12 And so that's what I was looking at for **Infant One**. And
13 if I can refer to my notes, he was still small when he was
14 discharged from the -- from the NICU, but he was showing
15 adequate weight gain.

16 So we look at like a growth -- a growth curve, excuse
17 me, and kind of follow the trajectory. So he may start out
18 small where it may be a full-term child, may start out a
19 little bit higher on the growth curve, but you're kind of
20 looking to make sure it continues to curve upwards and it
21 doesn't plateau or go down.

22 And so he was showing adequate weight gain when he was
23 transferred to Baptist from Levine's. He was showing
24 adequate weight gain when he went from Baptist, home and
25 then the first pediatrician visit, he was still gaining a

1 little bit weight -- a little bit of weight.

2 Q. All right. So when he was released from Prisma
3 NICU to home, how much did he weigh?

4 A. He weighed 3.22 kilograms or 7.11 pounds at three
5 and a half months old.

6 Q. Okay. When -- that is in October, 2022?

7 A. Yes.

8 Q. Okay. So October, 2022 at three and a half
9 months old he weighs seven pounds 11 or seven -- yeah,
10 seven pounds 11 ounces?

11 A. 7.11 pounds.

12 Q. Okay.

13 A. Yeah.

14 Q. And then you said he had a follow up visit?

15 A. Yes.

16 Q. Okay. And when was that follow up visit?

17 A. It was on November the 8th with a pediatrician.

18 Q. Okay. And how much did he weigh then?

19 A. So from the 7.11 at discharge he was 7.36 after
20 the pediatrician's visit.

21 Q. Okay. So that was about a week later he had
22 gained a little bit of weight?

23 A. About a week and a half, yeah.

24 Q. Did he have a visit after that?

25 A. He did have some visits to a shot clinic.

1 Oftentimes, those appointments aren't full appointments
2 where you see the physician, it's just you get checked in
3 and you get weighed, because the shot is based on your
4 weight.

5 So you get a certain amount of vaccine based on how
6 much you weigh. And so he had a few nurses' visits for
7 these shots and they had to weigh him and then give him the
8 appropriate amount of medication based on his weight.

9 Q. And how much did he weigh at that?

10 A. The first one in November he was 8.74 pounds.

11 Q. And then he -- did he have another one in
12 December?

13 A. Yes.

14 Q. And how much did he weigh there?

15 A. 8.9 pounds.

16 Q. So he had gone up from 7.1 pounds to 8.9, almost
17 nine pounds?

18 A. Yes.

19 Q. Okay. And then did he have a shot visit in
20 January?

21 A. He did.

22 Q. Okay. And how much did he weigh there?

23 A. 8.8.

24 Q. Okay. And that is less than what he was the
25 month before?

1 A. Yes. But not a whole lot. 8.9 versus 8.8 pounds
2 is -- could be the difference between did he have a wet
3 diaper on, was his stomach full? When was the last
4 feeding, things like that.

5 Q. Did he have any other doctor's visits after
6 January 24th, 2023 that you had records for?

7 A. Not that I could see in any of the records
8 provided to me.

9 Q. And when he died on March 11th, 2023, how much
10 did he weigh?

11 A. 7.2 Pounds.

12 Q. So almost what he was when he was released from
13 the hospital in October, 2022?

14 A. Yes.

15 Q. Okay. So he had gone back to that weight down?

16 A. Yes.

17 Q. And where does that put him on his date of death,
18 March 11th, at 7.2 pounds. Where does that put him on a
19 percentile compared to other children of his age?

20 A. So what we often do when we look at the growth
21 curve, I'm not sure if I'm able to show what I'm looking at
22 or you want me to just explain it.

23 Okay. So what we try to do is when a child has fallen
24 off the growth curve, we try to trace it back to what size
25 would he be the 50th percentile for -- for this weight.

1 And so when I look at his -- at the time of death, he
2 would be the same size if you put him at the 50th
3 percentile as a newborn, a 40-week-old newborn would weigh
4 roughly the same as **Infant One** weighed at the time of his
5 death.

6 Q. And where does that put him on the scale point --
7 or is it like five percent, 50 percent?

8 A. Oh, less than 0.1 percent.

9 Q. Less than 0.1 percent. So 0.1 percent?

10 A. Yes.

11 Q. If a child -- if you were a pediatrician and a
12 child came into you with less than 0.1 percent and losing
13 weight, what course of action would you take for treatment
14 for that child?

15 A. They would be sent to the emergency department to
16 get stabilized because what happens oftentimes when they're
17 that underweight, you can't just flood them with calories
18 and food, you have to do it very slowly. So they usually
19 get an IV put in, they usually get put on a heart monitor
20 to make sure that the amount of electrolytes they're
21 getting is not going to affect the -- the heart activity
22 but it's -- it's hospitalization immediately.

23 Q. Okay. And what type of symptoms would you see
24 with a child who is this malnourished or I guess, would you
25 consider him malnourished?

1 A. Absolutely.

2 Q. Okay. What type of symptoms would malnourishment
3 cause in a child?

4 A. This -- with this severity, not doing a whole
5 lot, unfortunately, not really meeting motor milestones.
6 So probably not moving around as much because of muscle
7 wasting being so small. Maybe not having a super strong
8 cry because they're really weak. Probably, having issues
9 taking a feed because you can't really have the head
10 control to hold your head up to take a bottle. So probably
11 need a lot of support with feeding as well.

12 Q. And what long term symptoms could come from
13 malnourishment or not getting enough calories?

14 A. So your nerve endings in your brain and
15 throughout your body need those calories to grow. And so
16 if you're not getting the adequate nutrition, sometimes the
17 brain stops growing.

18 Sometimes those motor connections with your nerves
19 don't really connect well and so you can have, we call it
20 fine motor skills, which would be like, your fingers, your
21 tongue, your toes, things of that nature probably aren't
22 developing well.

23 And your gross motor skills or your bigger muscles
24 like, your neck control, your trunk control, moving your
25 thigh muscles, those probably aren't working as well either

1 because you're not getting the -- not only the muscle
2 development but the nerve and neuron development as well.

3 Q. And in **Infant One's** case, did you notice anything
4 else when it came to his, I guess, malnourishment?

5 A. At the time of his autopsy they talked about him
6 having really hard impacted stools in his colon, which is
7 significant of dehydration.

8 Also, the skin was what we call, tinting. So if you
9 kind of pinch your skin and it goes back down, that's a
10 sign of having really good hydration.

11 But if you pinch your skin and it kind of stays
12 tinted, which is where the term tinting comes from, that's
13 a sign of dehydration, and that was noted on autopsy as
14 well.

15 And then when you take the electrolyte counts from the
16 fluid in the eyes, if you have high sodium counts and high
17 potassium counts, that's also a sign of dehydration. And
18 all those were seen at the time of autopsy per the report
19 that I reviewed.

20 Q. And based upon his malnutrition, did you come to
21 an expert opinion regarding his failure to thrive?

22 A. Yes.

23 Q. Okay. And what was that?

24 A. That he had failure to thrive due to lack of
25 proper nutrition and caloric intake.

1 Q. Okay. And would that be considered child
2 neglect?

3 A. Absolutely.

4 Q. In addition to concerns for nutritional neglect,
5 was there concerns for medical neglect?

6 A. There were concerns that there was extensive
7 follow up that was recommended at the time of NICU
8 discharge and some of those appointments were kept such as
9 Synagis or the shot clinics.

10 Not in -- in their entirety because it -- the season
11 runs from October to March and I believe that they did not
12 -- **Infant One** did not complete that series, but some of those
13 appointments were made in the beginning.

14 But the ophthalmology appointments were not kept.
15 I'll have to refer to my report to see what other
16 subspecialists, but there should have been more medical
17 checkpoints throughout his time between birth to eight
18 months that were not kept.

19 Q. And you said he had extensive appointments or
20 follow up that was needed from the NICU. What was that
21 extensive medical care that he was going to need when he
22 was discharged?

23 A. So they wanted him to follow up with the
24 pulmonologist for the shots, which that was done a little
25 bit. He needed to have a follow up with ophthalmology for

1 his eyes.

2 So from being premature he had underdeveloped vessels
3 in the back of his eyes and so that was something that
4 needed to be followed with the eye doctor, which is the
5 ophthalmologist.

6 And then there was also a concern for hernias that the
7 child had and needed to follow up with a surgical
8 specialist as well.

9 Q. And were those appointments kept as far as you
10 could tell from the medical records?

11 A. Not from the records that I could see.

12 Q. And did that give you any sort of, in addition to
13 the failure to thrive, do you have an expert opinion
14 regarding his lack of follow-up care?

15 A. Yes.

16 Q. And what is that?

17 A. I believe that if maybe other medical specialists
18 had contact with the child, they would've recognized how
19 small he was and could have admitted him to the hospital.

20 Q. Okay. And regarding how small he is, I'm going
21 to show you what's been entered as State's Exhibit 45. Do
22 you recognize this picture?

23 A. Yes.

24 Q. And what does that show?

25 A. It is a picture of an infant lying on his back.

1 Q. And do you know what infant that is?

2 A. This is Infant One.

3 Q. Now, in this photograph when you looked at it,
4 what caused you concern when it came to the malnutrition
5 and medical neglect?

6 A. You can see pretty much all of his ribs. That
7 stomach looks kind of sunken in. You can see the prominent
8 facial bone features. His arms are thin, his legs are
9 thin, and there is abnormality to his genitalia and there's
10 numerous skin findings that are concerning.

11 Q. And were these readily noticeable to you when you
12 looked at this photograph?

13 A. Yes.

14 Q. Okay. And if you were a child abuse pediatrician
15 -- if you were not a child abuse pediatrician, would you
16 have still been able to see these?

17 A. Yes.

18 Q. Okay. I guess, let's move to the you -- you
19 mentioned his swollen genitals. Talk to the jury a little
20 bit about your findings on that and how it was significant.

21 A. So on male genitalia, when you describe it,
22 there's the shaft of the penis and then you have the
23 foreskin.

24 And sometimes even if a child is circumcised,
25 sometimes there's residual foreskin left. And then you

1 have the glands of the penis, which is known in lay terms
2 as the head of the penis. And what can happen if a child
3 is not circumcised or incompletely circumcised, sometimes
4 the foreskin can get tight and cause some swelling and
5 congestion or fullness on the head or the glands of the
6 penis.

7 And so when I saw that I had concerns about, well,
8 maybe he wasn't circumcised and this is a complication of
9 what's called paraphimosis, which is where that foreskin
10 gets tight and it kind of cuts off the blood flow to the
11 head of the penis.

12 But there wasn't any evidence of tight foreskin on
13 this child's photographs. It just seemed like the distal
14 end or the glands in the foreskin of the penis were swollen
15 for no reason that I could understand why.

16 Q. Okay. And is there any other ways that the penis
17 could get swollen in this way?

18 A. So if it's not from tight foreskin it still has
19 to be from something tight around that distal end of the
20 penis. I don't know if there was something called a
21 tourniquet.

22 You can't have what's called a hair tourniquet and
23 that's usually in children or caregivers who have longer
24 hair, and what can happen -- and it's really odd to try to
25 figure out how this happens. But if a hair gets, kind of

1 -- falls on the child's genitals while you're changing
2 their diaper, it gets wrapped around and it can cause some
3 pain and swelling.

4 But I didn't see any evidence of a hair tourniquet
5 from the reports or from the picture.

6 Q. Okay. This type of -- so if it's not from a hair
7 tourniquet and it's not from the foreskin that you were
8 looking for, what other way could there be for this injury
9 to occur?

10 A. Some other object being placed around the end of
11 the penis that's restricting blood flow.

12 Q. And when this occurred, would it have been
13 painful?

14 A. Absolutely.

15 Q. After it occurred, as it was still swollen, what
16 kind of symptoms come from that? What --

17 A. So depending on if -- if it was extremely tight,
18 which it appears like it would've been, there's a tube that
19 leads from your bladder out, it's called your urethra. And
20 if you tie it too tight you can cause some scarring and we
21 call that, like, strictures and it basically narrows that
22 tube.

23 And so sometimes the body can't urinate properly if
24 you've got narrowing of that tube or scar tissue within
25 that tube.

1 Q. And would've been painful trying to urinate?

2 A. Yes.

3 Q. Tell the jury what else you found on **Infant One's**
4 body that caused concern for you.

5 A. So when I reviewed the photographs, I documented
6 37 skin findings that were concerning. There were also
7 findings about the skull and the brain that were concerning
8 for physical abuse and there were also fractures in the
9 arms and the legs and the ribs that were concerning.

10 Q. Okay. So let's go to the scaring first. You
11 said there was 37?

12 A. Yes.

13 Q. Okay. Why is that concerning for you for an
14 eight-month-old to have 37 different scars?

15 A. So usually, kids don't start getting scars and
16 bruises until they start mobilizing or ambulating what we
17 say. So once they start crawling, definitely, once they
18 start trying to pull up to walk and run and those things.

19 But a child that is relatively stationary, wherever
20 you put him, is usually where they're going to stay because
21 he didn't have enough muscle mass to crawl and do all these
22 other things.

23 For him to have so many skin findings that is
24 indicative of something being inflicted upon him versus him
25 kind of sustaining those injuries on his own because he's

1 moving about, which he was not able to do on his own.

2 Q. And these scars, are they all the same size?

3 A. No.

4 Q. Okay. Why is that significant to you?

5 A. So when we look at how certain infants have
6 injuries, if they're findings, we look at the shape and the
7 location because it's common for some little babies. Their
8 nails are super sharp for whatever reason and sometimes
9 you'll see little linear things on their face when they cry
10 they get angry.

11 And some babies I've seen them pull their hair, but
12 it's usually on their face. But **Infant One** had them on arms,
13 legs, trunk, back, face, lower legs, all over his body.

14 And the some were linear, some were circular. I even
15 saw one that was like, Y shaped, they just had different
16 configurations and they were not consistent with the simple
17 linear, superficial scratches or scars you would see in a
18 child that may be scratched themselves.

19 Q. And with them not being the same size, how was
20 that significant?

21 A. Again, some of them were really large, which
22 makes you think that the defect in the skin was bigger than
23 just a simple linear scratch.

24 Q. So I'm going to show you what was entered as
25 State's Exhibit 39. Do you recognize that photograph?

1 A. I do.

2 Q. Okay. And what does that show?

3 A. It shows the left side of his body.

4 Q. Okay.

5 A. With scarring on his left lateral chest.

6 Q. Okay. And this scar here right in the middle
7 with these two scars next to it, could those have come from
8 one of the other triplets potentially with the fingernails?

9 A. They're not the same configuration that you would
10 see in a fingernail scratch.

11 Q. Okay.

12 A. They're actually a little bit wider than --

13 Q. Okay.

14 A. -- fingernails.

15 Q. So that would not be fingernails from another
16 child?

17 A. No.

18 Q. Okay. What about the ones on his legs? You said
19 there were multiple ones on his legs. Would those have
20 been from the children?

21 A. They're not consistent, no.

22 Q. Now, you said also there was some on the back of
23 his head?

24 A. Yes.

25 Q. Okay. What was on the -- I'm going to show you

1 what was entered as State's Exhibit 42. Do you recognize
2 that?

3 A. Yes.

4 Q. Okay. And what is that?

5 A. It's the back of his head. We call it the
6 occiput or the occipital region.

7 Q. Okay. And what is significant about this
8 photograph when it comes to **Infant One's** injuries for you as a
9 child abuse pediatrician?

10 A. So it's not uncommon to see some infants that
11 spend a lot of time on their back to have patches of hair
12 kind of missing in one spot or kind of all the way around
13 the back.

14 But what was concerning is that he had a lesion within
15 that missing patch of hair that's consistent with maybe
16 like a pressure ulcer or a type of scratch or scar in that
17 location.

18 Q. What is a pressure ulcer?

19 A. Just when you're lying a long time in one
20 position and sometimes they'll rub their heads back and
21 forth and you can get a sore in that spot.

22 Q. And would that have been readily noticeable to
23 somebody if they had seen that?

24 A. Yes.

25 Q. Would a child need some sort of medical attention

1 for that?

2 A. You would want to get it assessed by a doctor to
3 make sure it doesn't get infected.

4 Q. Regarding some other injuries on **Infant One's** face,
5 did you notice anything to his eye?

6 A. Yes.

7 Q. Okay. And what did you notice regarding his eye?

8 A. May I have a moment to just refer to my report?
9 I want to make sure I don't -- I don't want to misspeak on
10 if it's the left or the right, but there was one eye that
11 had swelling and bruising to the upper lid.

12 Q. Okay.

13 A. Oh, here I see it here, I believe. The right
14 upper eyelid --

15 Q. Okay.

16 A. -- had blue discoloration consistent with
17 bruises.

18 Q. And why was that important to you?

19 A. Again, he's not mobile enough to sustain bruising
20 to his upper eyelid on his own. So that was concerning for
21 how he could have sustained that injury.

22 Q. Okay. And is this the injury in State's 38 that
23 you noticed?

24 A. Yes.

25 Q. Okay. And this injury, could one of the other

1 triplets have given him this injury?

2 A. I don't believe they have the motor skills to do
3 that.

4 Q. Okay. And just -- I know we're going to get to
5 them later, but is that based on your observations and
6 assessments of them?

7 A. Correct.

8 Q. Okay. So the other triplets would not have been
9 able to do that?

10 A. No.

11 Q. Okay. And was this readily apparent to you when
12 you looked at the picture?

13 A. Yes.

14 Q. And then I'm going to show you what was marked or
15 entered as State's Exhibit 46. Do you recognize this?

16 A. Yes.

17 Q. Okay. And what is this?

18 A. Torn and absence of the frenulum tissue.

19 Q. Okay. Now, explain to the jury why this is
20 important for an eight-month-old child.

21 A. So the frenulum, you have three in your mouth.
22 There's one underneath your tongue, it attaches your tongue
23 to the floor of your mouth, and then you have one that
24 attaches your lower lip to your lower gums and the thin
25 piece of tissue that attaches your top lip to your top

1 gums.

2 And in this case that tissue is lacerated and greatly
3 absent and that usually comes from either excessive pulling
4 on the lip or blunt force. So if you strike the mouth or
5 you're forcing something in the child's mouth and it
6 actually goes upwards instead of into the oral cavity, you
7 can tear it that way as well.

8 Q. And when it's torn, what symptoms would you see
9 when it was torn immediately?

10 A. They bleed really heavily and it's very painful.

11 Q. Okay. And as a result of those, is there any
12 long-term effects for not having that frenulum there?

13 A. Honestly, I don't know of any -- I don't -- I
14 don't suspect that it would affect speech. It probably
15 would affect the child's desire to want to eat until it
16 heals completely. But like long term beyond the healing
17 process, I -- I don't know.

18 Q. And if somebody would've looked in that child's
19 mouth, would they have been able to see that?

20 A. Yes.

21 Q. Okay. And this picture right here, does it still
22 look fairly fresh or was that -- or can you even tell that?

23 A. It looks like the underlying tissue is still
24 pretty bright red.

25 Q. Okay.

1 A. So it seems like it might have still been in the
2 very early healing stages.

3 Q. Okay. Now, based on the frenulum tear, the
4 bruising to the eye, the penis, and the scars you saw on
5 the external examination, when you looked at the pictures,
6 did that cause you to come to opinion regarding child abuse
7 as to **Infant One** for his external injuries?

8 A. Yes.

9 Q. Okay. And what is that opinion?

10 A. His injuries were diagnostic for physical abuse.

11 Q. Okay. And were all of those injuries visible to
12 you to the plain eye?

13 A. Yes.

14 Q. Now, you mentioned earlier about fractures.
15 Explain to the jury the fractures on **Infant One** and how they
16 played into your opinion.

17 A. So there was a left parietal skull fracture. So
18 your parietal bone is the one on the side. So he had a
19 left fracture here. He also had multiple fractures of his
20 left forearm. I want to make sure that I'm getting these
21 right for you as well. So a fracture of the radius and the
22 ulnas of both bones in this left forearm were fractured.

23 And then the right ulna, so just the one -- the still
24 two bones on this side, but only one of them was fractured
25 on the right side. And then his left tibia, which is your

1 shin bone on the left side had a fracture and then he had
2 two ribs on the left, the ninth and 10th rib. But they
3 were fractured on the posterior side. So closer to the
4 spine on the back.

5 Q. And these fractures, could you tell if they were
6 old or new?

7 A. So some of them did have evidence of healing.
8 They have what's called callus formation around them and
9 that was on the left forearm, bones had some callus around
10 them.

11 Q. And what does that indicate to you regarding the
12 timing?

13 A. So callus usually forms within like seven to 21
14 days after fracture has been sustained. So the callus
15 formation is evidence that it wasn't a fracture that had
16 been sustained within the day or two prior to him
17 presenting to the hospital.

18 Q. So it would've been approximately one to three
19 weeks prior?

20 A. Yes.

21 Q. And when a child receives a fracture, what sort
22 of force is needed to cause that fracture --

23 A. So --

24 Q. -- for somebody who's immobile?

25 A. -- for someone who's immobile. So the force that

1 is required for everyday normal parenting like bathing,
2 clothing, diapering does not cause fractures. And so there
3 isn't any medical studies that can look at the force
4 required to fracture bones because that's unethical.

5 But we often say that it would be excessive force
6 beyond that which is needed for feeding, diapering,
7 bathing, and clothing an infant.

8 Q. And when a fracture occurs, would that be
9 painful?

10 A. Absolutely.

11 Q. Okay. And what happens when a fracture occurs?
12 Do -- would a child typically cry?

13 A. Yes.

14 Q. And then lastly, you said you noticed something
15 regarding his brain?

16 A. Yes.

17 Q. Okay. What -- tell the jury about that.

18 A. So in an autopsy they look at the scalp to see if
19 there's any injuries there and they also look at the skull
20 and the skull fracture was identified there, but then they
21 also removed the skull to look at the brain and he had some
22 yellow/brown deposits on the left and right parietal lobes
23 of the brain, which would just be here and here.

24 And that was consider -- consistent with what's called
25 hemosiderin, which is just a fancy word for once you get a

1 bruise or a bleed, the body kind of starts to try to heal
2 that.

3 And the breakdown products of the blood is
4 hemosiderin. And so it was evidence of a older head injury
5 that the body had started the healing process to try to
6 clear.

7 Q. Okay. And brain injuries of that type, how can
8 they be caused in a child that's immobile?

9 A. So it can be from blunt force trauma or it can be
10 from shaking.

11 Q. Okay. Could they be caused from rolling over?

12 A. Rolling over on, like, not falling but just
13 rolling?

14 Q. Right. Yeah.

15 A. No.

16 Q. Could it be caused from another eight-month-old
17 lying in the crib next to you?

18 A. No.

19 Q. And those injuries, when that type of injury
20 occurs, what type of symptoms would a parent or an adult
21 see regarding the baby?

22 A. In a normal child they usually cry out and then
23 sometimes they remain super fussy or sometimes they become
24 more somnolent, very lethargic, maybe, hard to arouse, kind
25 of sleepy, appearing difficult to feed.

1 So there's a spectrum of symptoms you can get when you
2 have a head injury. You can either be super, super fussy
3 even seizures, or you could just be super lethargic and not
4 really doing a whole lot.

5 Q. And what are the long-term effects for a brain
6 injury if that's -- of that kind?

7 A. Depending on the severity, how much blood loss
8 there is and how long the brain is without adequate oxygen
9 because the blood is not in the vessels where it's supposed
10 to be, it's outside the vessels, it can cause lack of brain
11 development.

12 So your brain kind of stops growing because it didn't
13 get nutrition for a certain amount of time. And then you
14 just have some developmental delays from lack of brain
15 development.

16 Q. And if a child -- depending on the severity of
17 the injury, if a child were to get medical attention even
18 immediately or a week after, two weeks after, would a
19 doctor be able to see those injuries and be able to treat
20 them?

21 A. Usually, if a child comes in with injuries that's
22 under the age of one years old, we get a head CT and you'd
23 be able to see some of those findings.

24 Q. And would they have been able to treat those
25 findings, potentially?

1 A. Yes.

2 Q. Would -- if a child had come in between January
3 24th and March 11th, 2023, with those scars and a torn
4 frenulum and fractures and head injuries, would a doctor
5 have treated those injuries?

6 A. Yes. Yes.

7 Q. Did **Infant One** need treatment for all those injuries?

8 A. I believe he needed intervention for the head
9 injuries and as well the fractures, even though the scars
10 were severe in number, there wouldn't be a whole lot of
11 treatment for those because the skin heals itself pretty
12 well.

13 However, you would be concerned about how they were
14 sustained and would want to prevent further injuries. But
15 treatment for the skin findings is probably wouldn't be
16 indicated. But for the other injuries, yes.

17 Q. And what about the malnourishment?

18 A. Absolutely.

19 Q. And you said that would've been immediate?

20 A. Immediate hospitalization.

21 Q. Based upon your entire assessment of **Infant One**, what
22 is your opinion regarding his diagnoses and your findings?

23 A. **Infant One** sustained abusive head trauma, physical
24 abuse that resulted in multiple fractures, physical abuse
25 that resulted in multiple skin findings, and trauma to his

1 genitals as well.

2 Q. And based on the time of these injuries, the
3 amount of these injuries, in your expert opinion as a child
4 abuse pediatrician, is this child abuse?

5 A. Yes.

6 Q. Is this medical neglect?

7 A. Yes.

8 Q. Is it nutritional neglect?

9 A. Absolutely.

10 Q. Now, moving on, you also saw, you said **Infant Two** and
11 **Infant Three**?

12 A. Yes.

13 Q. So let's move on to **Infant Two** first.

14 A. Okay.

15 Q. When did you see **Infant Two**?

16 A. I saw **Infant Two** in our clinic on March the 16th, 2023.

17 Q. Okay. And what was your reason for seeing **Infant Two**?

18 A. Concern for his health and wellness after seeing
19 the injuries sustained by his brother, **Infant One**.

20 Q. Okay. And so when a live child comes into you,
21 how do you perform an assessment?

22 A. So if there's a caregiver present, we get as much
23 medical history as possible. We also look at any medical
24 records that I have access to in that moment.

25 So anything from Prisma Health. And then I do a

1 physical exam. And because of his age I got a skeletal
2 survey to look for any fractures and I got a head CT to see
3 if there's any findings of abusive head trauma.

4 Q. Okay. And for **Infant Two**, when he came in, I guess,
5 when he was born, how much did he weigh?

6 A. When he was born he was 1.5 pounds.

7 Q. Okay.

8 A. A little bit bigger than **Infant One**.

9 Q. And when he was released from the NICU here at
10 Prisma Baptist in October of 2022, how much did he weigh?

11 A. 6.3 pounds.

12 Q. Okay. Did he go to the doctor?

13 A. He did go to one more appointment than **Infant One**
14 did. He went to a cardiology appointment.

15 Q. Okay. And when he went to a cardiology
16 appointment, when was that?

17 A. That was on January 9th, 2023.

18 Q. Okay. And how much did he weigh at that time?

19 A. They documented his weight as 8.2 pounds.

20 Q. And did -- I guess, you said they all went for
21 their shots January 24th, the RSV shot. How much did he
22 weigh at that time?

23 A. 9.3 pounds.

24 Q. And then when you saw him on March 16th, how much
25 did he weigh?

1 A. 9.9 pounds.

2 Q. Now, between January 24th and March 16th with a
3 gain of, I guess, 0.6 pounds, was that concerning for you?

4 A. The trajectory was slower. There was a time
5 where he kind of slowed down a little bit, didn't really
6 fall off, but he slowed down significantly for sure.

7 Q. And when you saw him on March 16th, where was he
8 on the scale?

9 A. He was the 50th percentile for a one-month-old.

10 Q. For one month old?

11 A. Uh-huh (affirmative).

12 Q. And being that he was a preemie and he was eight
13 months old now, what does that say to you?

14 A. It said that he was growing, probably, not as
15 much as he could have, but he was not losing weight and he
16 was not plateauing, so he was still growing just probably a
17 little bit slower than what would've been optimal.

18 Q. Now, when you looked at -- when you examined
19 **Infant Two**, what did you see? Tell the jury what you found.

20 A. So he had prominent ribs as well when I saw him.
21 And he had a lack of fat tissue for him. He had this weird
22 impression or dentition on his top upper lip on the right
23 side. And he had a cluster of some abrasions or scratches
24 in the middle of his lower back.

25 Q. Okay. And you said the prominent ribs, why was

1 that significant to you?

2 A. Even being premature with adequate nutrition, you
3 shouldn't have been able to see his ribs. Still would've
4 been smaller than the average eight-month-old because of
5 his prematurity.

6 But not having adequate adipose tissue and being able
7 to see your ribs is not normal for -- even for a premature
8 eight-month-old.

9 Q. And I'm going to show you, it's been marked as
10 State's Exhibit 53, 54, and 55. Do you recognize those
11 photographs?

12 A. I do.

13 Q. Okay. And what are -- what do they depict?

14 A. So --

15 Q. Just in general.

16 A. -- oh, how small he is, the skin findings, and
17 his lip findings.

18 Q. Okay. And do they fairly and accurately
19 represent how Infant Two looked on March 16th when you saw him?

20 A. Yes.

21 MS. BROWDER: Okay. At this time, Your Honor,
22 we'd like to enter State's Exhibits 53, 54, and 55.

23 THE COURT: Any objection?

24 MR. FOX: No, sir.

25 THE COURT: All right. Without objection, so

1 entered.

2 (State's Exhibits 53, 54, and 55 entered into
3 evidence.)

4 BY MS. BROWDER:

5 Q. Okay. So in 53, this is **Infant Two**?

6 A. Yes.

7 Q. Okay. And can you explain to the jury,
8 obviously, he looks different from **Infant One**, but can you
9 explain to the jury when you said you saw prominent ribs?

10 A. So you can see kind of the ribs coming off the
11 sternum and then you can also see them kind of on the lower
12 half of the ribs on the left and right side, right above
13 his abdomen where that indentation is.

14 Q. Okay. And is that typical in an eight-month-old
15 child?

16 A. Not -- no, it's not.

17 Q. Okay. And did you notice anything about his
18 hair?

19 A. His -- excuse me?

20 Q. His hair.

21 A. He just had a lack of hair. His scalp was kind
22 of dry and flaking.

23 Q. Okay. And is that typical for an eight-month-old
24 child?

25 A. It can be, depending on if they have any kind of

1 medical conditions like, cradle cap or anything else. But
2 his just looked like his skin was dry.

3 Q. Okay. So it wasn't due to a medical condition?

4 A. It's hard to say. Sometimes you can have sparse
5 hair and dry scalp from lack of certain minerals, but it
6 was hard to say for him, his wasn't enough for me to think
7 it was concerning.

8 Q. Okay. And on State's Exhibit 54, you had
9 mentioned earlier about lack of fat --

10 A. Yes.

11 Q. -- and muscle.

12 A. Yes.

13 Q. Explain to the jury in this picture, because as a
14 lay person, I'll sit and say that looks like a cute little
15 butt. Explain to me where you're talking about that
16 there's lack of fat and muscle.

17 A. So actually, what you -- if you look at the top
18 then it kind of looks like it curves in a little bit before
19 it comes back out. That's a lack of some of the gluteus
20 muscles, your glutes or -- people call them. So it should
21 be more full on that lateral side. It should look like it
22 goes in a little bit at the top of the buttocks.

23 Q. Okay. And you can see there, and I'm going to
24 show a closer picture in the middle, but is that kind of
25 dark coloration in the middle of his back which -- what was

1 concerning to you regarding, you said --

2 A. The -- the cluster of his healing abrasions, yes.

3 Q. Okay. So now I'm going to show you State's
4 Exhibit 55. Okay. That's a closer picture of it. Explain
5 to the jury this cluster and I guess, it's significance to
6 you.

7 A. So the location is right in the middle of his
8 back. It's not really over a part of his back, but if he's
9 lying on his back, you would get a lot of contact with the
10 crib.

11 So it didn't like it was like pressure or rubbing but
12 then it also didn't look linear. They were all circular
13 and so that was concerning about how he could have
14 sustained those in that location, in that pattern.

15 Q. Okay. And do they look like they could be
16 fingernails from another eight-month-old?

17 A. They don't look consistent with fingernail
18 scratches. And the other -- I'm sorry.

19 Q. No, go ahead.

20 A. I would say the other thing that we were looking
21 at in this photograph was his ability to kind of hold his
22 head up and to see if he would be able to sustain that
23 position if his arms were moved to the left or the right.
24 And he was not able to sustain that position very long.

25 Q. And would a typical eight-month-old, even a

1 premature eight-month-old, be able to do that?

2 A. Usually, they can kind of hold their selves up
3 even on their trunk without their arms holding them and
4 they could reach for toys or reach for other things in
5 front of them.

6 Q. Okay. And the fact that you saw the prominent
7 ribs, the decreased tissue, what significance was that to
8 you regarding his nutrition?

9 A. That he wasn't getting adequate intake, adequate
10 calories.

11 Q. Okay. And as you explained earlier with **Infant One**,
12 what are long-term symptoms of not getting adequate
13 calories, adequate nutrition?

14 A. Global developmental delays. So like cognitive
15 because of the lack of brain development, your fine motor
16 -- motor skills, your gross motor skills that we talked
17 about previously may not develop properly.

18 Q. Okay. And with a lack of weight gain, would that
19 cause any stress to any organs or anything of that nature?

20 A. It can.

21 Q. Like what?

22 A. So you have to have adequate nutrition to heal
23 injury. So sometimes you have slower healing, sometimes
24 your heart has to work a little bit harder because it's not
25 getting enough adequate nutrition. If you're not getting

1 enough fluid intake, your blood volume is less, and so your
2 body is trying to make more red blood cells.

3 And again, your heart can be stressed trying to pump
4 less volume throughout your body because it's not
5 adequately filled so it can affect different organs.

6 Q. And then, lastly, you had talked about a
7 dentition on the upper lip of Infant Two?

8 A. Yes.

9 Q. If you could put back up State's Exhibit 53. All
10 right. So you said it says right a little bit?

11 A. The top.

12 Q. Okay. And actually, I'm going to show you what
13 was State's 47. Can you see it better in that picture?

14 A. It looks -- yeah.

15 Q. Okay.

16 A. I can see it was there.

17 Q. Okay. Explain to the jury while that -- why that
18 was significant to you.

19 A. So when I saw that, I immediately thought, well,
20 was this child intubated? Which means there's a tube put
21 in the child's mouth when they were in the NICU to help
22 them breathe. Because what you often see is sometimes
23 those tubes are taped to the child's face to keep it in
24 place, and if it's in there for a long time it can cause
25 defects.

1 And so I thought, well, let me make sure that this
2 wasn't from this medical intervention. And so when I went
3 through the records he was -- the tube was taken out on the
4 22nd of July.

5 So it was in there for like, 11 days when he was born.
6 And at the time of discharge there was no documentation on
7 physical exam of any type of defect.

8 And at the time of his only pediatrician visit, there
9 was no mention of any defect on his lip nor was it
10 mentioned in any other records.

11 And so I couldn't find anywhere that would determine
12 that this dentition was from medical intervention. So
13 therefore it was concerning for an injury to his lip.

14 Q. And how does an injury to the lip like that, how
15 could it potentially occur?

16 A. It was a pretty deep defect and so it is probably
17 from a deep abrasion or a deep scratch which resulted in
18 that scar tissue.

19 Q. Could a infant's fingernails cause that type of
20 significant scratch?

21 A. No.

22 Q. Based on all of your findings with **Infant Two** as it
23 came to his weight, his growth, the abrasions on his back,
24 his upper lip, his prominent ribs, did you come to a
25 medical opinion regarding **Infant Two's** child abuse?

1 A. Yes.

2 Q. And what is that medical opinion?

3 A. That his physical exam findings were diagnostic
4 for physical abuse, his poor weight gain was consistent
5 with nutritional neglect and there was some concern for
6 medical neglect as well.

7 Q. Okay. And nutritional neglect would be not
8 getting fed enough or at all, potentially?

9 A. Not getting fed enough.

10 Q. And all these injuries on Infant Two that you could see
11 physically, were they readily -- were you readily able to
12 see them or did you have to use a microscope?

13 A. They were easy to see.

14 Q. And would a reasonable person had seen these
15 injuries?

16 A. Yes.

17 Q. And if Infant Two had gone to the doctor between
18 January 24th and March 16th when you saw him, would a
19 doctor had seen, potentially, his weight loss or his lack
20 of weight gain?

21 A. Yes.

22 Q. And would they have treated that?

23 A. They probably would've more aggressively advanced
24 his feeds and done what we call frequent weight checks. So
25 you have children come to the pediatrician every other day

1 and once they start showing adequate weight gain you can
2 stretch it out to once a week or once every two weeks.

3 So I don't think he would require the same level,
4 like, hospitalization, but definitely, frequent monitoring
5 of how much the baby is taking in with feeds and how much
6 he's gaining.

7 Q. Finally, I'm going to move on to **Infant Three**. Did
8 you see him the same day, March 16th?

9 A. Yes.

10 Q. Okay. So they came in together?

11 A. Yes.

12 Q. When you saw **Infant Three**, did you go through the same
13 process as you did with **Infant Two**?

14 A. I did.

15 Q. And I guess, first when you looked at his medical
16 records, what did you see regarding **Infant Three's** weight when
17 he was released from Prisma NICU to go home, how much did
18 he weigh?

19 A. 7.65 Pounds.

20 Q. Okay. And on January 24th, the last time that a
21 doctor had seen him, how much did he weigh?

22 A. 10.49 Pounds.

23 Q. And then when you saw him about two months later,
24 March 16th, 2023, how much did he weigh?

25 A. 11 pounds.

1 Q. So he had only gained about half a pound in a
2 month and a half?

3 A. Uh-huh (affirmative).

4 Q. Okay. What does that say to you medically?

5 A. That much like **Infant Two**, he had a very slow weight
6 gain. The trajectory wasn't what we would like to see in a
7 child that's getting adequate nutrition.

8 Q. Where did that place him on the scale?

9 A. He was at the 50th percentile for a
10 one-and-a-half-month-old.

11 Q. And what percentile was he for an
12 eight-month-old?

13 A. Oh, less than 0.1 percent.

14 Q. Is that the same for **Infant Two**? I don't think I asked
15 that question --

16 A. Yes.

17 Q. -- for **Infant Two**. Okay. So all of these babies were
18 less than 0.1 percent?

19 A. Yes.

20 Q. For an eight-month-old?

21 A. Yes.

22 Q. And that was irrespective of them being a
23 preemie, for the most part?

24 A. For the most part, yes.

25 Q. Okay. Now, when you examined **Infant Three**, what did

1 you notice for him when it came to, I guess, when he was
2 discharged from the hospital? Was he on any medication?

3 A. He was only discharged on a multivitamin with
4 iron and Tylenol as needed.

5 Q. Okay. And was he required to have medical follow
6 ups?

7 A. Yes. They wanted him to follow up with
8 cardiology, because he had repair of a congenital heart
9 defect, follow up with the pulmonology doctor for his
10 shots. And I think that's all I can see from my note.

11 Q. Okay. Now, when you examined **Infant Two**, what did you
12 see externally for **Infant Two**?

13 A. So he was wearing a newborn diaper. His ribs
14 were prominent, much like his siblings. He had really poor
15 control of his, we call it truncal support.

16 So like his abdomen, back and neck didn't -- he didn't
17 really have good support, then he had some scars on his
18 chest some on his face, his back is where we found skin
19 findings.

20 Q. I'm going to show you what's been marked as
21 State's Exhibits 56 through 62. Do you recognize these
22 photographs?

23 A. I do.

24 Q. Okay. And what are those? Can you look at all
25 of them just to see -- looked at them?

1 A. Yes.

2 Q. All right. And what do these pictures show?

3 A. Show the scar on his face, scars on his chest,
4 scratches on his back.

5 Q. And are these pictures of **Infant Three** from March 16th

6 --

7 A. Yes.

8 Q. -- the day you saw him? Okay. And do they
9 fairly and accurately represent his injuries and how you
10 saw him that day?

11 A. Yes.

12 Q. Okay. At this time, Your Honor, enter State's 56
13 through 62.

14 THE COURT: Any objections?

15 MR. FOX: No, Your Honor.

16 THE COURT: All right. Without objection, so
17 entered.

18 (State's Exhibits 56 through 62 entered into
19 evidence.)

20 BY MS. BROWDER

21 Q. So I'm going to start with State's Exhibit 56.
22 Okay. What does this picture show?

23 A. Showing that you could still see the ribs not
24 quite as prominent as his brother, but you could still see
25 evidence of them, which you shouldn't really be able to see

1 in an eight-month-old.

2 Q. Okay. And why is that significant to you?

3 A. Just show that he didn't have enough fat tissue.

4 Q. Okay. I'm going to State's Exhibit 60. And what
5 does this picture show?

6 A. Again, showing the kind of wasting of the glutes
7 or the gluteus muscles and then the scratches on the back.

8 Q. Okay. And did he have more wasting of the
9 gluteus muscles than his brother did?

10 A. A little bit. He had more of -- it looks like
11 more of fat wasting and instead of the muscle wasting.

12 Q. Okay. And what's the difference?

13 A. You can actually see the muscle definition on his
14 brother, but on him you just -- it looks like there's
15 looser skin, you can't really see the muscle definition on
16 him.

17 Q. And what causes that?

18 A. Lack of nutrition.

19 Q. State's Exhibit 57. What does this picture show?

20 A. That's a scar on his left chest, left lateral
21 chest.

22 Q. Okay. And could you tell from medical records if
23 that came from any sort of medical intervention while he
24 was in the hospital?

25 A. So I looked at all of his operation notes

1 and none of them documented any type of chest incision on
2 the left or the right. So I did try to see if there was
3 any type of intervention during his hospitalization.

4 He didn't have a chest tube, didn't have any type of
5 pneumothorax that needed to be accessed from that side. So
6 none of the medical interventions that he received in the
7 NICU would require such an incision or a scar on that part
8 of his body.

9 Q. And that type of scar that's on the side of his
10 body, is that consistent with a child scratching himself or
11 another child scratching him?

12 A. No.

13 Q. Okay. And would that -- a cut, or abrasion, or
14 whatever would've been there have been readily -- somebody
15 be readily able to see that?

16 A. Yes.

17 Q. And what was the size of that in comparison to a
18 fingernail?

19 A. So that one was about one centimeter by one
20 centimeter and again, it wasn't linear, it's more
21 misshapen, which is not really consistent with a single
22 linear scratch from a fingernail.

23 Q. And why did that concern you for an immobile
24 eight-month-old?

25 A. He would not be able to sustain that on his own

1 nor would the siblings that had the lack of motor skills be
2 able to cause that on this child.

3 Q. Okay. Showing you State's Exhibit 58, what does
4 that depict?

5 A. That scars on the other side of his chest,
6 smaller and more circular ones but they're on the right
7 side.

8 Q. Okay. And could those have been caused by
9 fingernails?

10 A. No, they're more circular. They're not very
11 linear.

12 Q. Okay. And linear, when you say linear you mean
13 like a line?

14 A. It's a line, yes.

15 Q. And how many do you see there?

16 A. Four. Three circular ones and one that's a
17 little bit non-specific in shape.

18 Q. Okay. State's Exhibit 59 and this is his back
19 again. What does this show?

20 A. So those show more healing abrasions, so not so
21 much scars but they still kind of have the scab on top of
22 them. One it looks kind of curvilinear and the one above
23 that is more misshapen.

24 Q. Okay. Why is that significant to you?

25 A. So those, I did consider if they could be

1 potential fingernail marks but when I looked at the kind of
2 staggered pattern of the one above it, that wasn't really
3 consistent. And oftentimes, we have to look at things in
4 totality.

5 So while I could say it -- maybe this one on the lower
6 part of his back could have been from a fingernail. When I
7 look at all his other injuries in totality, it's highly
8 unlikely that that's what caused them altogether.

9 Q. I'm going to show you State's Exhibit 62. What
10 does this picture depict?

11 A. It was a Y shaped scar on the left side of his
12 face.

13 Q. Okay. And could that have come from fingernails?

14 A. It didn't appear consistent with the linear
15 scratches that you get from fingernails.

16 Q. Okay. And would a scratch on the face right
17 there been -- would somebody be able to see that?

18 A. Yes.

19 Q. And then finally State's Exhibit 61, what was
20 this picture? What was the purpose for this picture to
21 help you explain to the jury what you were looking for?

22 A. He had more consistent drying and flaking of the
23 scalp than his brother did and that was a little bit more
24 prominent than the other sibling. And I was also looking
25 at his gross motor skills, how long he could hold himself

1 up on his arms, and then we kind of moved his hands out to
2 the side to see if he could still hold it up and I don't
3 have a video of that but he wasn't able to sustain that
4 position very long.

5 Q. So I'll start with the dry flaky head and that --
6 this kind of, I guess, goes for **Infant Two** too. What could cause
7 dry flaky skin like that?

8 A. So just lack of moisture. If you're not washing
9 it regularly. And again, if you're lacking in biotin,
10 zinc, some other minerals that are really important in
11 proper nutrition they can cause dry scalp.

12 Q. And are those vitamins part of formula that the
13 child --

14 A. Yes.

15 Q. Okay. And regarding his motor skills, why was
16 that significant?

17 A. I just wanted to see if his development was
18 progressing appropriately, and also, just trying to
19 consider if he was on his stomach, could he reach over and
20 scratch his brother and still be able to sustain that
21 position. And I couldn't get him to exhibit that at the
22 time of my assessment that he would be able to sustain that
23 motion.

24 Q. Okay. I beg the Court's indulgence. Real quick
25 before we end. Regarding **Infant Three**, when he was released

1 from the NICU, did he have any medical issues that needed
2 to be followed up on?

3 A. So at his pediatrician visit it was emphasized
4 that he needed to follow up with cardiology and he needed
5 to follow with ophthalmology and surgery.

6 Q. Okay. And could you tell from the records if he
7 had followed up with those?

8 A. He did not follow up with any Prisma providers
9 that I was aware of. There was an undocumented in the
10 electronic medical record.

11 Q. Okay. If a child does not get the proper medical
12 care for things that could have potentially needed to be
13 followed up on, what would that cause long term?

14 A. It depends on what the complication is. I
15 suspect for the hernias, if you don't get those taken care
16 of they can cause what's called, a strangulation where the
17 hernia can go through the defect and the blood supply can
18 get cut off. So you want to make sure that that's not a
19 complication.

20 Cardiology, he did have a surgical intervention in the
21 NICU. They want to make sure that his heart is still
22 functioning well and ophthalmology, they want to make sure
23 that the eyes are continuing to develop properly based off
24 of the prematurity and the effects that that has on the eye
25 development.

1 Q. And if there are still problems that those
2 doctors are not followed up with, what would the long-term
3 effects be, potentially?

4 A. Strangulation of bowel can cause death of the
5 bowel and you could have to have, like, gut surgery to take
6 out that dead bowel. If your heart is still not
7 functioning properly with the surgical intervention, you
8 can have ischemic injury which just basically, is like a
9 heart attack type injury.

10 And then the eye findings you can develop significant
11 deficits in vision, which is kind of hard to see in a
12 eight-month-old. You really have to watch that as they
13 grow.

14 So that one is kind of a harder intervention in that
15 moment, but the cardiology and the inguinal hernia type
16 things are things you want to just monitor.

17 Q. Okay. And then based on all of your findings
18 from **Infant Three** regarding his skin injuries, what was your
19 opinion regarding his skin injuries?

20 A. His skin injuries were consistent with physical
21 abuse in the absence of any type of history to account for
22 them.

23 Q. And could these injuries come from eczema?

24 A. No.

25 Q. What about his poor weight gain, did you have an

1 opinion regarding that?

2 A. That was inadequate nutrition. He was bigger
3 than his brothers. So I don't think he had as much calorie
4 restriction as some of his siblings, but still not adequate
5 for optimal growth.

6 Q. And would that be considered child neglect?

7 A. Nutrition neglect, yes.

8 Q. Nutritional neglect. Okay. And was there also a
9 current -- concern for medical neglect?

10 A. Yes. For lack of follow up for some of the
11 specialists.

12 Q. Okay. And based on the totality of everything
13 for **Infant One**, for **Infant Three**, and **Infant Two**, do you find this was
14 child abuse?

15 A. Yes.

16 Q. No further questions, Your Honor.

17 THE COURT: All right. Let's see. We've been
18 going about an hour and 10 minutes. Before we --
19 before we start, this might be a good place to take
20 our mid-morning break.

21 Ladies and gentlemen, if you would please
22 remember, please don't discuss this with anyone
23 including each other. Please don't review or seek out
24 any information about this trial or any issues in it.

25 And lastly, please remember to keep an open mind

1 on all issues until you have been instructed to begin
2 your deliberations. Thank you. And we'll probably
3 see you in a few minutes. Thank you, all.

4 (Jury leaves the courtroom.)

5 THE COURT: All right. The jury is out of the
6 courtroom. Anything from the State before we take a
7 few minutes break?

8 MS. BROWDER: No, sir.

9 THE COURT: Anything from the defense?

10 MR. FOX: Yes sir. I have the -- just drawn one
11 more time. I have three deputies in here and if I
12 understand the Court's ruling the other day was that
13 if we had more than one, that she could be unshackled
14 the legs as well.

15 THE COURT: Right. I did discuss this with the
16 -- the law enforcement again and they have advised
17 that it would be unadvisable from their perspective,
18 given the nature of the crime and the getting close to
19 the end here with the amount of time that the
20 defendant is -- is potentially facing that -- that
21 they have strongly advised no to removing the shackles
22 at this time.

23 And so I find that based on their concerns and
24 they've given me some examples of -- of some issues
25 that have occurred in the past that I'm going to

1 respectfully decline to have the shackles removed
2 except, and this is only if the defendant chooses to
3 testify, obviously, that they will -- everything will
4 be removed. At that point there will -- there will be
5 absolutely nothing on the defendant if she chooses to.

6 MR. FOX: Yes, sir. Thank you.

7 THE COURT: All right. Thank you, sir. And
8 anything further before we take a break?

9 MR. FOX: No, sir.

10 THE COURT: All right. We stand in recess until
11 -- let's see, until about five minutes.

12 (A recess was had.)

13 THE COURT: Before we bring the jury in, I just
14 want to look a little bit ahead just so that we can --
15 can see what's going on. You know, obviously Mr. Fox
16 you, or whoever is going to handle the -- the -- the
17 questioning you can take as long as you want. I'm
18 told that this is the last witness for the State's
19 case-in-chief --

20 MS. BROWDER: Yes.

21 THE COURT: -- is that right? Okay. So once
22 cross and any redirect is done on this witness if it
23 is -- I mean, I guess, an hour and a half would be --
24 we prefer to take the -- the lunch break if you're
25 done with the witness.

1 If we're done with this witness before then I
2 think that it'd be good to just go ahead and let the
3 jury go for lunch, even if it's a little early and
4 have them come back and then we can deal with the
5 issue of directed verdict or any other motion that you
6 may have.

7 And the issue about whether the defendant was to
8 testify or not, deal with that issue. And then, I
9 guess, we'll go from there.

10 But again, if anybody has any suggestions or
11 anything once we do that, please let me know. But I
12 think that's kind of where it looks like.

13 Yes, I know that -- I think that probably y'all
14 have been working with or in touch with Paisley on the
15 jury charges and a verdict form. Just as long as
16 y'all keep working on that so that we can, at the
17 appropriate time, take up any objections or additions.

18 As far as those documents are concerned, put
19 those on the record. But I just want to make sure
20 we're all kind of on the same page about how this will
21 go from here through lunch. All right. Anything from
22 the State before we bring the jury back in?

23 MS. BROWDER: No, sir.

24 THE COURT: Anything from the defense?

25 MR. FOX: No, Your Honor.

1 THE COURT: All right. Thank you, ma'am.

2 (Jury enters the courtroom.)

3 THE BALIFF: The jury is all seated, Your Honor.

4 THE COURT: Thank you very much. Thank you,
5 ladies, and gentlemen. All right. I think the
6 witness, yes, ma'am. Dr. Young. Thank you, ma'am.

7 THE WITNESS: You're welcome.

8 THE COURT: All right.

9 THE WITNESS: Thank you.

10 THE COURT: Mr. Fox.

11 MR. FOX: Thank you, Your Honor.

12 THE COURT: Yes, sir.

13 CROSS-EXAMINATION

14 BY MR. FOX:

15 Q. Dr. Young, you -- I understood in your testimony,
16 you had some medical records to review and those were
17 provided by law enforcement; is that correct?

18 A. Yes.

19 Q. Okay. And those were the discharge summaries
20 from, I heard it called Prisma, I know it's had different
21 names, but Prisma Baptist here or Richland?

22 A. Yes.

23 Q. Okay. But you did not have the records from the
24 hospital in North Carolina, did you, where they were born?

25 A. So they're included in the NICU records. Because

1 those records usually come over from the transferring
2 hospital to Baptist. And so those are kind of included in
3 the NICU records from Baptist.

4 Q. Are they full records or are they summaries?

5 A. Summaries.

6 Q. Summaries. Okay. Are you aware that the full
7 records run to several thousand pages?

8 A. They can, yes.

9 Q. Because they were in -- they were in North --
10 when I say they, the triplets were in North Carolina for
11 several months, I think, three months or so before they
12 came here?

13 A. Yes.

14 Q. Yeah. And then several after. Did you have any
15 -- did you request any additional records yourself?

16 A. Law enforcement usually requests all the medical
17 records and they give to me what's made available to them.

18 Q. Okay. Do you have any idea what their -- when
19 you say request all of the medical records, in this case,
20 we have hospital records. That's easy. You ask for the
21 hospital records, but if they're being referred to
22 different specialists, different doctors, do you have any
23 idea what they even requested?

24 A. I don't know what's requested outside of the
25 medical records from Prisma.

1 Q. Okay. Did you have -- you were with Infant One, of
2 course, he was deceased. You were reviewing Dr. Monroe's
3 autopsy report, his findings and his -- the photographs
4 from the autopsy, correct?

5 A. Yes.

6 Q. In addition to all the hospital records related
7 to Infant One?

8 A. Yes.

9 Q. You were able to physically view yourself Infant Two,
10 Infant Three?

11 A. Yes.

12 Q. Okay. Did you have any, in doing your
13 examination for any of the three triplets, have any
14 photographs or anything to compare what they looked like as
15 infants or younger children to their condition when you saw
16 them in -- in March of 2023?

17 A. No.

18 Q. Did you request -- you had indicated that one of
19 the things that you'd like to try to do in making an
20 assessment is get medical history and of course, that's
21 hospital records or medical records. Did you at any time
22 request or seek to speak to Ms. Glasgow to get, you know, a
23 history from the -- you know, family history kind of thing
24 from the parent?

25 A. No.

1 Q. These children did in fact get -- at least, begin
2 and get some of their cardiac shots, right? And I think
3 it's Synagis; is that right?

4 A. They're pulmonary shots.

5 Q. Okay.

6 A. And it's Synagis.

7 Q. Okay. Synagis, and they did, in fact, do, I
8 think, they got two or three of those shots?

9 A. Three out of the five, yes.

10 Q. Three out of the five, but one, so we were in --
11 there was December, January, not February and due, so this
12 happened in March. So basically, missed one; is that
13 right?

14 A. Yes.

15 Q. Okay. Because I think March wasn't over yet?

16 A. Correct.

17 Q. So they also was getting the RSV shots?

18 A. Synagis is the RSV shot.

19 Q. That is the RSV. Okay. I misunderstood. So
20 they were getting those. All right. But you indicated
21 that they were not getting any other follow up
22 appointments?

23 A. I believe only one of the surviving triplets went
24 to a cardiology appointment and then the other
25 subspecialists that they were supposed to follow with, I

1 didn't see any record of those.

2 Q. And that's based on, they're saying it was one --
3 one of the triplets on the -- on the documents that came
4 from law enforcement, correct?

5 A. No, those are the ones from Prisma Health, which
6 I have access to.

7 Q. From your reviewer records, for instance, the
8 shots, when the triplets tended to -- they had maybe not
9 the exact same medical issues, but they tended to be the
10 same.

11 In other words, they were all preemies, they all had
12 the same kind of potential issues you testified about. So
13 when they went for the shots, for example, they went
14 together, that appear to be the case?

15 A. It was the same date, yes.

16 Q. Right. Okay. Now -- yes. So, Doctor, I'd like
17 to show you what's been marked as Defense Exhibit for
18 identification. And tell me if you can say, or recognize
19 what that is.

20 A. This is a appointment for **Infant One** at the eye
21 doctor in December of 2022.

22 Q. Okay. So that's the ophthalmologist, correct?

23 A. Yes.

24 Q. And at the bottom of the second page, it kind of
25 gives -- there's -- there's options, right? There's kind

1 of a box to check. You see that, kind of, at the very
2 bottom?

3 A. Yes.

4 Q. And can you look and see what the -- the -- the
5 box that's checked, what information is contained in that?

6 A. It says your baby's blood vessels -- actually,
7 sorry. Your baby's blood vessels are almost normal. The
8 baby will not need treatment for retinopathy or
9 prematurity, but the baby needs a different type of exam.

10 This exam will include a check for crossed eyes, lazy
11 eye, and nearsightedness. Babies who are very small when
12 they're born will be checked in three months. Bigger
13 babies will be checked in six months. Your baby needs to
14 be checked on about amidst blank for the date. And it is
15 circled. Ask the baby's doctor, pediatrician for a
16 referral to an ophthalmologist, then call the
17 ophthalmologist and make an appointment.

18 Q. Okay. And that comes from -- and where is that
19 from?

20 A. This is from Palmetto Retina Center.

21 Q. Okay. And so those were ophthalmologists,
22 correct?

23 A. Yes.

24 Q. Okay. And so that was in December of 2022?

25 A. Yes.

1 Q. And so the instruction was no follow up for three
2 months?

3 A. Yes.

4 Q. I think we can safely assume that they would
5 follow in a three-month category because they were
6 extremely small, correct?

7 A. Yes.

8 Q. So they made a distinction between three and six
9 months?

10 A. Yes.

11 Q. But -- so three months from December, 2022 would
12 be March of 2023?

13 A. Well, it said they had to get a referral from
14 their pediatrician, which they did not go to their
15 pediatrician after that appointment.

16 Q. They'd already been referred; they'd already been
17 seen by this ophthalmologist --

18 A. But at the bottom of the note --

19 MS. BROWDER: Objection, Your Honor.

20 THE COURT: Let her -- let her finish her answer,
21 please.

22 MR. FOX: I was just finishing my question. But
23 yes, sir.

24 THE WITNESS: At the bottom of the paper that you
25 had me read it said you'll need to reach out to your

1 pediatrician for a referral.

2 BY MR. FOX:

3 Q. Right. But --

4 A. And that wasn't done.

5 Q. But that comes from, because it wasn't time due
6 to do that, it wasn't due until March of 2023.

7 A. So the way the wording is, is that you'll need it
8 in three months, but you still need a referral from your
9 pediatrician. And so you'd have to reach out to your
10 pediatrician to get that referral. So they'd have to go to
11 another doctor's appointment to be referred to the -- based
12 on the paper that you had me read.

13 Q. Or call, maybe call --

14 A. Or call.

15 Q. -- and in fact she'd already seen an
16 ophthalmologist.

17 A. Who recommended that they see their pediatrician.

18 Q. I understand. Now, you also testified you had a
19 chance to fully review Dr. Monroe's report and review all
20 the autopsy photos and all those findings. You testified
21 today with regard to **Infant One**, that he had a skull fracture?

22 A. Yes. That was documented, yes.

23 Q. Okay. But you know -- do you have a copy of Dr.
24 Monroe's findings?

25 A. I don't have it with me today.

1 Q. Okay. Well, we'll mark that as Defense 3. I'll
2 have to give you my marked-up copy, but -- so you can look,
3 of course, over anything that -- that you need to. And I'm
4 specifically interested in on page, and this is just the
5 autopsy. This is just the autopsy. First, on Page 3,
6 towards the bottom it says radiographs, right? Did you see
7 that?

8 A. Yes.

9 Q. And radiographs is like X-ray or that type of
10 examination, correct?

11 A. Correct.

12 Q. Okay. And it says, and I'm going to just
13 paraphrase, but it says possible skull fracture left
14 parietal.

15 A. Yes.

16 Q. Right. And then it says possible, I believe,
17 it's left in the leg, right? Is it distal femur? Do I
18 have that right?

19 A. Correct.

20 Q. Okay. Then if you would, please, I -- may I have
21 that back? So it says possible from the X-ray?

22 A. Yes.

23 Q. All right. But he goes on and he did further
24 examination, did he not? In other words, he did some of
25 the contusions that were in the legs and different places

1 were done after he did an internal examination. Is that
2 your understanding?

3 A. Yes.

4 Q. Okay. And if you would look on Page 5 and again,
5 by the -- under the section marked microscopic description.

6 A. Okay.

7 Q. There are two red marks. What does it say about
8 the skull fracture after a microscopic examination?

9 A. So under the microscopic examination, a section
10 of left parietal skull does not demonstrate fracture.

11 Q. And what does it say about the femur?

12 A. The distal femur sections do not demonstrate
13 fracture.

14 Q. Okay. Thank you. The malnourishment that you
15 discussed, things like being no strong, cry, or issues with
16 feeding because of hand control. Those can be kind of
17 subtle symptoms wouldn't you say?

18 A. I think an eight-month-old not being able to cry
19 out loud is not subtle to a caregiver.

20 Q. Was there any -- any indication these babies
21 didn't -- that **Infant One** did not cry on that one?

22 A. Can you repeat that question, please?

23 Q. I withdraw. So the ophthalmology report was
24 kept, you have the records that only law enforcement gave
25 you. The -- the frenulum tear, your testimony was that was

1 -- seemed to be pretty fresh, correct? That it was bright
2 red.

3 A. It was in the early stages of healing. Yes. It
4 --

5 Q. Early stages.

6 A. -- was bright red.

7 Q. And so this child was resuscitated or attempted
8 to be resuscitated, correct?

9 A. Correct.

10 Q. All right. So they would have performed CPR?

11 A. Correct.

12 Q. And did perform CPR and attempted to get an
13 airway. In other words, you put a tube in the mouth --

14 A. Correct.

15 Q. -- to try to establish breathing?

16 A. Correct.

17 Q. Okay. And those things, potentially, could cause
18 tear of the frenulum?

19 A. No.

20 Q. Were you present when those things were being
21 done?

22 A. No.

23 Q. Okay. You're aware of the training or the
24 expertise of the people that were doing them?

25 A. Yes.

1 Q. You are -- you're familiar with these particular
2 firefighters and their training and expertise?

3 A. Well, in the emergency department, I'm very
4 familiar with the physicians that would do the
5 resuscitation efforts.

6 Q. Right. But some of these efforts began on scene.

7 A. I -- I'm not aware of that, but I'm presuming
8 that could happen.

9 Q. Yeah. You mentioned testifying about some of the
10 -- potential consequences of failing to follow up with some
11 of the specialists, things that could happen with regard to
12 different systems, the cardiovascular system, right? All
13 kinds of things, correct?

14 A. Yes.

15 Q. Do you know what -- but you're -- you're an
16 expert. You're -- you're a trained doctor, correct?

17 A. Yes.

18 Q. Do you have any idea of what if those things,
19 there are referrals, we know, Ms. Glasgow, you need to
20 refer them to the ophthalmologist, but do you know what was
21 explained to her in terms of the reason for those things?

22 In other words, what the consequences could be if she
23 failed to follow up with those processes?

24 A. Part of our training is to give anticipatory
25 guidance of what to expect when things don't happen and

1 what can happen if you don't follow through. So if they're
2 practicing standard guidelines and evidence-based training
3 and how they were trained as physicians, those things are
4 explained at visits. Now, I wasn't present at those
5 visits, so I can't say, but that is part of standard of
6 care of medicine.

7 Q. That's the ideal, right?

8 A. Yes.

9 Q. Standard of care, the ideal. All right. Thank
10 you. That's all the question I had. Thanks.

11 THE COURT: Any redirect?

12 REDIRECT EXAMINATION

13 BY MS. BROWDER:

14 Q. Mr. Fox asked you about the retinal appointment
15 in December of 2022, correct?

16 A. Yes.

17 Q. Are you aware of any appointments for **Infant One**
18 after January, 2023?

19 A. No.

20 Q. And he asked you if you had been given any
21 pictures -- prior pictures of **Infant One** to compare to see what
22 he looked like previously versus now, and you said you had
23 not.

24 A. Correct.

25 Q. Pull up first, this picture right here. All

1 right. This picture right here is the date of death that
2 you observed, correct?

3 A. Yes.

4 (Video played.)

5 Q. Okay. That's **Infant One** in January of 2023. Does
6 this look like the same child to you? What are the
7 differences that you see comparing him?

8 A. Much more emaciated, lack of muscle and fat on
9 the picture on the right than the video on the left.

10 Q. And can you tell the difference in his penis?

11 A. I can't tell from this far away.

12 Q. You can sit down if you need to.

13 A. The glance looks the same, but the fore skin
14 doesn't look as swollen on this one. The glance in the
15 middle of the fore skin around doesn't look as big as it
16 does on that one.

17 Q. And in this one of **Infant One** in January, can you see
18 his ribs compared to the ribs on the day of death?

19 A. Not as common, no.

20 Q. Okay. And I know you looked at him, you saw
21 scars. Is that the same as that is on the forehead in that
22 picture or that you saw?

23 A. The angle is slightly different. It's the same
24 location here and up there.

25 Q. Okay.

1 A. And the angle is a little different.

2 Q. And on his leg right here, do you see any sort of
3 scar that's the same as over here?

4 A. I don't see the ones -- small ones here on the
5 thigh. I think that one -- a medical intervention.

6 Q. So is it fair to say that these two pictures show
7 very different children at different stages, two months
8 apart?

9 A. Yes.

10 MS. BROWDER: No further questions, Your Honor.

11 THE COURT: All right. Thank you very much,
12 Doctor. You may step down and -- and be excused.

13 (Witness released.)

14 THE COURT: All right. State may call its next
15 witness.

16 MS. BROWDER: At this time, the State rest, Your
17 Honor.

18 THE COURT: All right. Ladies and gentlemen, the
19 State has rested its case-in-chief. Now, there are a
20 few legal matters that -- that I need to address at
21 this time.

22 And so I'll go ahead and excuse you early. We'll
23 have, kind of, a longer lunch break today. So I'll
24 excuse you. What time do you think that we ought to
25 --I'll tell you what, why don't y'all retire to the

1 jury room and I'll see what time we need to have you
2 back.

3 Before you go, I need to let you know again,
4 please don't discuss this case with anyone including
5 each other. Please don't read or seek out any
6 documents or information about the case or the issues
7 in it.

8 And please keep an open mind as to all issues in
9 the case until you've been instructed to begin your
10 deliberations. Thank you.

11 And if you'll retire to the jury room, I'll let
12 you know what time we need to have you back this
13 afternoon. Thank you.

14 (The jury exits the courtroom.)

15 THE COURT: All right. The jury is out and
16 certainly we -- I know there's some things that we
17 need to address here. What -- what time do y'all
18 think we ought to tell to come back? It's 11:20, so
19 it's a little earlier than usual. Do we tell them to
20 come back at 1:00, 1:30. Y'all -- y'all let me know
21 what you prefer.

22 MS. BROWDER: I guess, it depends, Your Honor,
23 and this is, I know, we don't really have to, I don't
24 know how you want to deal with this, but if it's her
25 cross, I think it's earlier. If it's closing, I would

1 ask for just a little bit longer, make sure we can get
2 everything together for --

3 THE COURT: All right.

4 MR. FOX: I would say maybe 1:30 if it is okay.

5 THE COURT: Okay.

6 MR. FOX: Because if she does testify, we're
7 going to have plenty of time to get through it. And
8 if not, there will be plenty of time, I think, to get
9 through it.

10 THE COURT: All right. So that would be two
11 hours and 10 minutes, is that going to be enough, too
12 much? Make everybody okay with that.

13 MR. FOX: I think, yes.

14 THE COURT: All right. Well, I'll -- Madam
15 Bailiff, if -- if you will please just let the jurors
16 know that we -- we will start back at 1:30. And so I
17 know that y'all tell them to get back a little bit
18 earlier than that, just so that they're not too late.
19 But we intend to start at 1:30.

20 THE BALIFF: Okay.

21 THE COURT: Thank you, ma'am. All right. All
22 right. Is there anything that -- that I need to hear
23 from the defense? Any motions or any issues from the
24 defense?

25 MR. FOX: Yes, Your Honor, at this time, the

1 close of the State's case, presentation of all our
2 evidence, we would move for directed verdicts on each
3 of the three indictments.

4 Specifically, with regard to the homicide by
5 child abuse indictment, we don't believe the State has
6 been able to prove the element of causing, the first
7 sentence in the statute is the person who causes the
8 death.

9 And then, of course, the language under
10 circumstances of exhibiting extreme child abuse,
11 neglect, exhibiting extreme indifference to human
12 life, we don't believe they meant the first element,
13 which is causes of death.

14 So we would ask for directed verdict as to that
15 count, and also with regards to the two counts of
16 child neglect and abuse or unlawful conduct with a
17 child we believe the State did not prove all the
18 elements of each of those charges -- of those charges.

19 THE COURT: All right. Thank -- thank you, sir.
20 Any -- anybody? I don't know who's going to -- okay.
21 Ms. Cavanaugh.

22 MS. CAVANAUGH: Thank you, Your Honor. We would
23 --

24 THE COURT: Yes, ma'am.

25 MS. CAVANAUGH: -- respectfully ask that you deny

1 any motions for a directed verdict on all of the
2 indictments. As Your Honor is aware, the Court is to
3 view the evidence in the light most favorable to the
4 non-moving party, which in this instance would be the
5 State.

6 You're not concerned with the weight of the
7 evidence, just the existence or non-existence of the
8 evidence.

9 Whether it's circumstantial or direct. In this
10 case, as it relates to the homicide by child abuse
11 through the -- the DSS testimony, combined with the
12 fact that she -- I mean, we have that she is the --
13 she's admitted to be the primary caregiver that they
14 all three -- excuse me, I'll just start with **Infant One**.

15 **Infant One** lived in the home with her from the date
16 of discharge from the DSS testimony and from -- that
17 was admitted through Emily Taylor, her -- the
18 defendant's own testimony, Jasper, the father, had not
19 been around since right after Christmas or early
20 January combined with Makala saying that any time she
21 visited the defendant's home one or two times a week,
22 over the course of that time, Jasper was never there.

23 The father was never there, only the defendant.
24 And in addition, Makala has specifically denied
25 causing any of these injuries to the children. So the

1 only person, you know, that -- that the evidence
2 points to causing, or even neglecting these -- Infant One
3 to the extent that he was neglected is -- all the
4 evidence points to the defendant.

5 We don't have to show that -- I mean, the
6 homicide by child abuse reads, "the State must prove
7 beyond a reasonable doubt that a person caused the
8 death of the child under the age of 11 while
9 committing child abuse or neglect."

10 And that this death occurs under circumstance of
11 manifesting extreme indifference to human life.

12 Dr. Coates testified that when the children left
13 -- when Infant One left the NICU, there were no underlying
14 issues, he could feed on his own.

15 He was gaining weight aggressively, feed on his
16 own, meaning, not require, you know, a tube or
17 anything like that. By the time -- at the date of his
18 death, he had not gained a pound.

19 He gained a pound in between the time of
20 discharge. But then by -- you know, from January 24th
21 on, he had lost whatever -- the little bit of weight
22 that he had gained.

23 Dr. Monroe and Dr. Young testified that the lack
24 of nutrition by itself, or at least, Dr. Young
25 testified, required immediate hospitalization.

1 The malnourishment that he had could lead to
2 organ damage, nerve damage, brain damage, all -- all
3 sorts of things that were fatal, potentially fatal. I
4 mean, he -- and he, of course, did succumb to -- to
5 death because of the non-accidental trauma to the
6 head, combined with the factors related to the
7 malnourishment, dehydration, and neglect.

8 So I think that we have -- between all the
9 testimony that's been provided, we have certainly
10 produced enough evidence to overcome a directed
11 verdict motion related to those charges.

12 Similar to **Infant Two**, the unlawful neglect, unlawful
13 conduct towards the child, those two indictments as it
14 relates to **Infant Two** and **Infant Three** they had -- Dr. Coates
15 testified at date of discharge from the NICU, they
16 were demonstrating progressive weight gain.

17 They were able to feed independently. They had
18 no underlying major issues that would be of concern
19 later. They were -- of course, we've learned they
20 were recommended to see some certain subspecialists,
21 which she failed to do, to -- to take them to except
22 that one eye appointment.

23 But that, you know, the malnourishment, again,
24 just like Dr. Ladonna testified, that could -- I mean,
25 not necessarily to these children, but malnourishment

1 could lead to potential organ damage, nerve damage,
2 and brain damage.

3 She talked about the neurons not getting the
4 nutrition that they would need. Both of these
5 children by the -- and this is five days after coming
6 into DSS custody.

7 So five days later when they were weighed, that's
8 when **Infant Two** was 9.9, but still under 0.1 percentile for
9 his age. Similar to **Infant Three**. He weighed 11 pounds
10 still under the 0.1 percentile for his age.

11 And Dr. Young, specifically, testified that had
12 nothing to do -- the malnourishment and the lack of
13 weight gain had nothing to do with their status as
14 premature babies.

15 And Bailey Polson, the -- the foster mother
16 testified as soon as they started being fed regularly,
17 there was an immediate weight gain, immediate weight
18 gain.

19 There's plenty of formula in Miss -- in the
20 defendant's pantry. She clearly was not feeding them
21 the necessary formula that they needed which could
22 have caused severe issues down the road.

23 And in fact, Ms. Polson testified she's had to
24 take both of the children to multiple subspecialists.
25 And just like Dr. Monroe testified, the inference

1 could be due to their lack of adequate nutrition in
2 the developmental stages.

3 So based on all that testimony, we do think that
4 we've passed, we've met the low threshold of getting
5 beyond a directed verdict on all three indictments,
6 Your Honor.

7 THE COURT: All right. Any motion or any last
8 words, sir?

9 MR. FOX: Yes. With regards to homicide by child
10 abuse, my argument would be the cause of death, blunt
11 force trauma to the head that the other condition
12 although contributory and exacerbating by themselves,
13 in other words, have -- had there been no blunt force
14 trauma to the head, the children were not at the stage
15 where the dehydration or neglect issue would've caused
16 the death. And so that is the specific argument of
17 that charge.

18 THE COURT: All right. Thank you. Of course,
19 Rule 19A requires me to direct a verdict in favor of
20 the defendant where there's an absence of competent
21 evidence tending to prove the charges listed in these
22 three indictments.

23 And considering the defendant's directed verdict
24 motion, I can only consider the existence or the
25 non-existence of the evidence and not its weight.

1 Case law holds that if there is any direct or any
2 substantial or circumstantial evidence tending to
3 prove the guilt of the defendant, the case should
4 proceed and directed verdict should be denied.

5 I find that there exists competent evidence
6 tending to prove the charges and the three indictments
7 against the defendant.

8 While not considering the weight of any evidence,
9 I find that the record contains sufficient direct
10 and/or circumstantial evidence that tends to prove the
11 guilt of the defendant here.

12 As the State has pointed out, we had three
13 doctors testify. Actually, we have three doctors
14 testify about some of these issues. We've got the --
15 the doctor who released them from the NICU essentially
16 saying that they were doing fine, that they released
17 them, that they were on the trajectory that -- that
18 made them well enough to -- to send out and gave them
19 -- gave the defendant specific list of actions she was
20 to take and follow up she was to make.

21 Dr. Monroe, as far as **Infant One** is -- is concerned,
22 was very clear about the cause of death and the
23 contributing causes. And of course, as Ms. Cavanaugh
24 says, this charge, the homicide by child abuse, is
25 abuse or neglect. And in this case, I believe that

1 there's sufficient evidence of both.

2 And Mr. Fox, while you do point out that -- that
3 maybe the dehydration or the malnutrition may or may
4 not have resulted in death absent the blunt force
5 trauma that that was noted by both Dr. Young and
6 Monroe.

7 The fact that there was that blunt force trauma,
8 and I believe the only testimony was that that jawline
9 could not have done it himself, and it could not have
10 been done by either of his brothers at that age
11 because of their condition and their -- their weight
12 and age development.

13 As far as the abuse aspect of -- of that charge
14 we've got, I believe, Dr. Young said 37 examples of
15 the skin issues. Of course, there were broken bones,
16 two broken bones on one arm, one broken bone on the
17 other.

18 And I believe that there were broken ribs as
19 well, that there's no account for. And that Dr.
20 Monroe testified that would -- you would've taken
21 actually more force to break those bones of a -- of --
22 a young child like **Infant One** than it would for an adult,
23 which is, you know, surprising to me.

24 But of course, he's the expert on that. And
25 that, I believe, Dr. Young testified today that --that

1 the force needed would -- would exceed anything that
2 would be necessary to properly treat and -- and care
3 for the child.

4 And then of course, Dr. Monroe testified that
5 once those breaks happen, and I believe that he and
6 the evidence will bear it out exactly, but I believe
7 he said that it'd probably be two or three weeks
8 before the time of death that the -- that the brain,
9 that blunt force trauma occurred and that some of the
10 fractures were healing in different stages.

11 But that -- that all of those injuries that
12 occurred to the brain, to the bones, said that the --
13 that the child would've been inconsolable, would've
14 been, you know, in -- not acting normal, would've been
15 constantly screaming, crying in pain.

16 I believe Dr. Young testified about pain that
17 would've been endured as well, got the back of the
18 head, and -- and certainly the -- the -- the swollen
19 penis that has been described. All those things
20 would've been -- would've been visible.

21 Not only would they have been visible and so
22 requiring medical attention that was not given, which
23 would be neglect the cause of all of those injuries,
24 it seems, would not have occurred by the child by his
25 self, or his brothers.

1 And that, I believe, the only evidence is that
2 the defendant was the primary caretaker during this
3 time. So I believe, in short, as far as the homicide
4 by child abuse or neglect that there's been sufficient
5 evidence, again, whether the jury believes that
6 evidence or testimony is sufficient to convict the
7 defendant, it's certainly their province and not mine.

8 But I believe that there's sufficient evidence in
9 the record to deny that directed verdict motion as to
10 that charge.

11 As to the other two charges, as to Jasper and
12 [REDACTED] Infant Two, I also find that there's sufficient evidence to
13 deny the directed verdict and proceed with the trial.

14 Again, Dr. Young, testified today about the
15 condition of both of -- of those children, about how
16 their weight gain was inconsistent with being properly
17 fed and also showed dehydration and malnutrition.
18 There are also suspicious scratches and scars on -- on
19 the children.

20 I believe, she said that -- that both were less
21 than in the 0.1 percentile where they should be, even
22 considering the fact that they were preemies, when
23 born eight months prior, and that they were in the
24 50th -- if they had to -- if she had to rate it where
25 they would be in the 50th percentile, I believe,

1 **Infant Three** was in -- would've been in the 50th percentile
2 of one -- one and a half month old as an
3 eight-month-old child. And that **Infant Two** would've been in
4 the 50th percentile if he was a one-month-old when
5 they were eight months old.

6 Again, we've got the abuse or neglect and in this
7 case, I believe that there is evidence of abuse, both
8 in the scratches and the scar on one of the child's
9 mouths, scratches on their -- you know, on their back,
10 scrapes on their back that they could not have
11 reached.

12 And I believe that all of the concerns, the
13 physical concerns that Dr. Young described, she said
14 they could not have been done by the children
15 themselves or by each other.

16 And as for the neglect, again, the pictures were
17 there and she pointed out the tinting of the skin.

18 And again, strong concerns about dehydration and
19 malnutrition. And so again, as to those two charges
20 and those two children, whether the jury believes the
21 evidence proves the defendant's guilt beyond a
22 reasonable doubt it's certainly completely different
23 matter and -- and up to the jury.

24 But as to all three of the indictments, all three
25 of the charges, I rule that the State's case has met

1 the standard required by Rule 19 and therefore
2 respectfully deny the defendant's motion for directed
3 verdict as to each of the three charges.

4 All right. Now, we -- we have -- we've entered
5 the -- anything before -- anything on that issue other
6 than what's been raised before I proceed with the
7 defendant?

8 MR. FOX: No, Your Honor.

9 THE COURT: All right. Anything from the State?

10 MS. BROWDER: No, sir.

11 THE COURT: All right. All right. If the
12 defendant will please rise. Raise your right hand
13 please. Madam Clerk, please swear the defendant in.

14 MADAM CLERK: Do you swear or affirm to tell the
15 truth, the whole truth, and nothing but the truth, so
16 help you God?

17 THE DEFENDANT: Yes.

18 THE COURT: All right. Ms. Glasgow, at this time
19 I'm going to explain to you certain of your rights.
20 If you do not understand anything I say, please let me
21 know. Do you understand that?

22 THE DEFENDANT: Yes.

23 THE COURT: All right. If you want me to explain
24 anything in more detail, please let me know. Do you
25 understand that?

1 THE DEFENDANT: Yes.

2 THE COURT: All right. We have now reached the
3 stage of the trial where you may present your defense.
4 You have the right to claim the protections given to
5 you by the Fifth Amendment to the Constitution of the
6 United States. This amendment states, in part, "No
7 person shall be compelled in any criminal case to be a
8 witness against himself or herself."

9 This means that you cannot be required to testify
10 in this case. You cannot be required. You have the
11 right to testify on your own behalf as well. You have
12 an absolute right to testify if you wish.

13 However, no one can make you testify. This is a
14 personal right and no one can waive this right except
15 for you. If you decide to testify, you will be
16 subject to the same rules that govern other witnesses
17 and you may be examined and cross-examined on any
18 relevant issue in this case.

19 In addition, if you have any convictions
20 involving dishonesty or false statements, or for
21 promise punishable by imprisonment for more than one
22 year, and this court determines that the probative --
23 probative value of admitting this evidence outweighs
24 its prejudicial effect to you, the Solicitor will be
25 able to introduce your record to attack your

1 credibility. Do you understand that?

2 THE DEFENDANT: Yes.

3 THE COURT: If you decide to testify, this
4 decision on your part must be freely, voluntarily, and
5 intelligently made with knowledge of the protections
6 given to you by the Fifth Amendment and the
7 consequences of your decision to testify.

8 If you decide not to testify, I'll instruct the
9 jurors that they cannot give the fact that you did not
10 testify any consideration whatsoever.

11 And that there is to be absolutely no prejudice
12 to you because you did not testify. It is left
13 entirely up to you whether you -- whether you testify
14 or not, you may talk with your attorney, your family,
15 friends, preacher, or anyone else, but the final
16 decision will be entirely left up to you. Do you
17 understand that?

18 THE DEFENDANT: Yes.

19 THE COURT: Do you have any questions about what
20 I've explained to you?

21 THE DEFENDANT: No, I don't.

22 THE COURT: I'm sorry.

23 THE DEFENDANT: No, I don't.

24 THE COURT: Have you discussed with your lawyer
25 whether or not you should testify?

1 THE DEFENDANT: Can you repeat that?

2 THE COURT: Have you -- I'm sorry. Have you
3 discussed with your lawyer whether or not you should
4 testify?

5 THE DEFENDANT: I might need...

6 THE COURT: You -- you want to you would like to
7 -- to talk with your lawyer again?

8 THE DEFENDANT: Yes.

9 THE COURT: All right. What -- what we're going
10 to do is -- is I've asked the jury to -- to come back
11 and then we'll start at 1:30. That's in a little
12 under two hours.

13 So why don't we -- we'll break now so that you
14 will have time to discuss this with your lawyer. I'm
15 sure that y'all have been talking about it leading up
16 to the trial and during trial.

17 But I'll let you meet with your lawyers at this
18 time. And what we'll do is we'll come back at, I
19 don't know, maybe a -- a little after 1:00, 1:10
20 something like that before -- before we start. So
21 that -- that we'll have an opportunity for you to ask
22 any questions of me if you have any.

23 And so I'll ask you these questions or it's --
24 just a couple of these questions and get your decision
25 then, okay?

1 THE DEFENDANT: All right.

2 THE COURT: And I encourage you again and I know
3 you will ask any questions that you have with your
4 lawyer and make sure that you fully and completely
5 understand their advice and their answers to you.
6 Okay? All right.

7 With that being said, is there anything further
8 from the State before we break until about 10 after
9 1:00?

10 MS. BROWDER: No, sir.

11 THE COURT: Anything from the Defendant?

12 MR. FOX: No, Your Honor.

13 THE COURT: All right. Thank y'all. We'll be
14 stay at recess until 1:10.

15 (Recess was taken.)

16 THE COURT: Excuse me. Mr. Fox, have you had an
17 opportunity to speak with your client over the break?

18 MR. FOX: I have, Your Honor.

19 THE COURT: Okay. Do you need any additional
20 time to speak with your client about the issue of
21 whether she's going to testify or not?

22 MR. FOX: No, Your Honor.

23 THE COURT: All right. If you would please stand
24 up. Ma'am, you'll remember we -- I guess, about an
25 hour -- an hour and a half ago we talked -- went

1 through several issues with you and -- and questions
2 with you. Do you remember that?

3 THE DEFENDANT: Yes.

4 THE COURT: Do you need me to go back through
5 those again?

6 THE DEFENDANT: No, sir.

7 THE COURT: All right. And I think where we left
8 off is that you wanted to have some additional time to
9 -- to speak with your lawyers about -- before you made
10 up your mind about your decision whether to testify or
11 not; is that right?

12 THE DEFENDANT: Yes.

13 THE COURT: And have you had an opportunity to
14 meet with your attorneys and ask them any questions
15 that you might have?

16 THE DEFENDANT: Yes.

17 THE COURT: Did they answer any questions that
18 you had to your satisfaction?

19 THE DEFENDANT: Yes.

20 THE COURT: All right. And do you need to speak
21 with them any -- any further?

22 THE DEFENDANT: No.

23 THE COURT: Okay. Do you wish to testify in this
24 case?

25 THE DEFENDANT: No.

1 THE COURT: Okay. And is that your decision and
2 yours alone?

3 THE DEFENDANT: Yes.

4 THE COURT: Okay. Anything that you'd like to
5 put on the record or need anything, Mr. Fox?

6 MR. FOX: No, Your Honor.

7 THE COURT: All right. Anything from the State?

8 MS. BROWDER: No, sir, Your Honor.

9 THE COURT: Okay. All right. So I told the jury
10 that we'd be starting at 1:30, so we have a little bit
11 of time. But -- which is good because I wanted to ask
12 if -- if y'all have had an opportunity yet to -- to
13 look over the proposed jury charges and verdict form?

14 MS. BROWDER: Yes, sir, Your Honor, Ms. Cavanaugh
15 is going to talk about that, but do you mind if while
16 she does that I go and get the exhibits --

17 THE COURT: No, no, no, no. And that's what I
18 was -- another thing that's on my to do list is for
19 y'all to check the --

20 MS. BROWDER: It's just the ones that I -- it
21 would be different if I was crossing her versus
22 crossing --

23 THE COURT: Yes, ma'am. Not a problem at all.
24 Ms. Cavanaugh.

25 MS. CAVANAUGH: Thank you, Your Honor. We have

1 no objection to the jury's verdict outside of what I
2 e-mailed Paisley regarding the extensive description
3 of childcare centers. And I don't -- I mean, that's
4 on page -- do you have a copy of that?

5 THE COURT: I don't. Please could you -- shoot,
6 oh, did you just send me one?

7 MS. CAVANAUGH: So when it comes to the --

8 THE COURT: Okay. I just pulled it off.

9 MS. CAVANAUGH: I think it's 25th line up where
10 it starts to discuss childcare centers.

11 THE COURT: Okay. Yes ma'am.

12 MS. CAVANAUGH: Child -- so what they -- what --
13 they're all the way to the bottom of 21 ending with
14 that full paragraph facility.

15 THE COURT: Uh-huh (affirmative).

16 MS. CAVANAUGH: There's -- it's all about
17 childcare centers --

18 THE COURT: Okay. And -- and so where -- where
19 does that -- where -- where do you propose on the top
20 -- I'm on Page 20 right now.

21 MS. CAVANAUGH: Okay. So after -- after homes,
22 because there is a discussion about babysitters, etc.
23 And --

24 THE COURT: Okay. The home -- home or the -- or
25 the children's own home or homes, period?

1 MS. CAVANAUGH: Right.

2 THE COURT: So you say, take out starting
3 childcare center?

4 MS. CAVANAUGH: Childcare center on --

5 THE COURT: Okay.

6 MS. CAVANAUGH: -- all the way to the bottom of
7 that whole paragraph on Page 21.

8 THE COURT: What ends with other facility.?

9 MS. CAVANAUGH: Yes.

10 THE COURT: Okay. Any objection to that?

11 MS. COLEY: No -- no, Your Honor. We're in
12 agreement with that. We would actually ask that you
13 take a little bit more of it out actually before you
14 get it on Page 19 with the persons responsible for a
15 child's welfare --

16 THE COURT: Okay.

17 MS. COLEY: -- includes, and then just down to
18 where Ms. Cavanaugh had previously stated.

19 THE COURT: Okay. Hold on. So -- so for -- what
20 Ms. Cavanaugh has proposed, you're fine with, and then
21 you would also before that, on Page 19 beginning,
22 person -- person responsible?

23 MS. COLEY: Yes.

24 THE COURT: Is that where you are? And so you --
25 you would request that we start with person

1 responsible and go up and through home or homes?

2 MS. COLEY: Yes, Your Honor.

3 THE COURT: Okay.

4 MS. CAVANAUGH: Well, I -- I object to that. I
5 mean, that is the definition. I mean, that's part of
6 who is a caregiver or who is responsible for the
7 welfare.

8 I mean, I think that that's part of this case.
9 Because it also then distinguishes, you know, a person
10 who only has, like, for instance, in this case, Ms.
11 Greene, who only has an occasion to be around the
12 child --

13 THE COURT: Right.

14 MS. CAVANAUGH: -- and what -- and so it doesn't
15 include her because -- the -- let's see. It says, and
16 I think the rest of this is -- is relevant to the
17 case.

18 THE COURT: Okay. Let me the part -- excuse me.
19 The part is that that's being discussed begins last
20 paragraph of Page 19 in the disputed part or the part
21 that we're talking about.

22 States, "Person responsible for a child's
23 welfare" and -- and that's in quotations because it is
24 a -- that term is addressed above includes, a child's
25 parent, guardian, foster parent, an operator,

1 employee, or caregiver as defined by Section 63-1320
2 of a public or private residential home, institution,
3 agency or childcare facility, or an adult who has
4 assumed the role or responsibility of a parent or
5 guardian for the child.

6 And then it goes on in -- in that vein just to
7 talk about different people who may have contact with
8 the -- with the child or children. I mean, I think
9 that -- I mean, if that, if that's a term person
10 responsible for a child's welfare and instructs the
11 jury that that includes the child's parent.

12 I think that I need to include that. I mean, if
13 you have parts that you want to take out, such as an
14 operator, employee or caregiver or something like
15 that. But I mean, I think I need to keep that in
16 there because if it's quoted, then it's used -- it's
17 used above.

18 MS. COLEY: Your Honor. I think that we would be
19 okay with just personal or person responsible for a
20 child's welfare includes a child's parent or guardian.
21 I don't believe that the rest is necessary.

22 If you look at 16 -- Chapter 13 of the Title 63,
23 that's relating to childcare facilities.

24 And I think that those definitions are -- the
25 purpose of that section in 63-1310 is it says, the

1 intent of this chapter is to define the regulatory
2 duties of government necessary to safeguard children
3 in care in places other than their homes.

4 So I think that that statute, it doesn't apply
5 here because it's not -- I don't believe that the
6 state has argued that we, that this is anything that's
7 occurring outside of the home or anything like that.
8 These -- I think these definitions are for childcare
9 facilities or somewhere outside of the home.

10 THE COURT: So would -- so are you proposing that
11 all of that section that we -- that we're talking
12 about here from person responsible through home or
13 homes, that essentially it just be boiled down to
14 person responsible for a child's welfare includes the
15 child's parent or guardian, period? Is that what
16 you're saying? And then delete the rest?

17 MS. COLEY: No, no.

18 THE COURT: Okay.

19 MS. COLEY: Your Honor, one second if you don't
20 mind.

21 THE COURT: No, that's okay. I'm just trying to
22 -- to see what the -- what the proposal was, because I
23 agree there's some language in there that's not
24 relevant.

25 MS. COLEY: Your Honor, I -- I believe that the

1 -- the issue in this is that like this statute only
2 labels certain people and because it is a regulatory
3 definition of a person responsible for the child's
4 parent rather than a broader one, it excludes certain
5 people that would normally be included in that.

6 So I just generally think it's confusing to label
7 specific people and not broad enough, if that makes
8 sense in certain.

9 THE COURT: Okay. So tell -- so tell me from
10 that first part, person responsible until the end.
11 What is it that you want to have in there? Or do you
12 -- are you saying we just need to delete the whole
13 thing?

14 MR. FOX: I think we need to delete the whole
15 thing. Here's my judgement that as Ms. Coley pointed
16 out, the statute that that refers back to is about
17 regulation of daycares and facilities like that.

18 And that's why -- and the part that we have a
19 problem with is farther down the definition where it
20 says, this does not include a babysitter or anyone who
21 does things like that.

22 THE COURT: Right. Well, and -- and you're right
23 that a caregiver as defined by section, and it refers
24 back to that. But -- and--

25 MR. FOX: I think if you --

1 THE COURT: If you look three paragraphs above --

2 MR. FOX: Yes, sir.

3 THE COURT: -- it says, the Defendant is charged
4 with two counts of unlawful conduct towards a child.
5 It is unlawful for a person who has charge or custody
6 of a child is the parent or guardian of a child or who
7 is responsible for the welfare of a child.

8 And that's where that quoted, I mean, it's not
9 exactly the quote, but person responsible for a
10 child's welfare includes the child's parent.

11 I mean, I think it actually -- I mean, I see what
12 you're saying above, if you look at the statute above,
13 it says, it is unlawful or -- or who is a parent or
14 guardian of a child?

15 MR. FOX: Yeah. I think where the confusion
16 comes in because you're right, it's -- it's more than
17 just the person responsible for the welfare. The
18 definition of both --

19 THE COURT: Right.

20 MR. FOX: -- includes caregiver person. Because
21 clearly the intent of all this legislation that the
22 abuse statute would not be to exclude babysitters,
23 teachers, people who don't have any kind of permanent
24 function.

25 THE COURT: Right.

1 MR. FOX: Right. But may have charge, maybe not
2 custody in a formal sense, but care of a child during
3 the day or during the evening.

4 THE COURT: Right. If one of those people was
5 charged with this crime, then essentially this charge
6 you're saying would say, hold on a second. And this
7 term includes a caregiver, a babysitter, or somebody
8 that is --

9 MR. FOX: Something like that because in -- in
10 the definition of person responsible -- responsible
11 for the welfare, it excludes babysitter. And I don't
12 want the jury thinking that a babysitter, in this
13 case, Makala Greene, could guide rather bond of
14 contention what Ms. Greene's role was. But there is
15 testimony through Ms. Glasgow's DSS --

16 THE COURT: Right.

17 MR. FOX: -- transcript that the State interviews
18 that way and had cross-examination saying Makala
19 Greene took care of my children six days a week. So
20 there was at least that evidence. I don't want the
21 jury thinking, well, we can't even think about that.
22 They may reject that as an explanation, but --

23 THE COURT: Well, if that's the case then that
24 doesn't -- that need to be in there. Because again if
25 -- if you just leave those first three paragraphs, the

1 description in one and two, and you don't have
2 anything in there about a babysitter, then the jury
3 may think, well, this statute doesn't apply in this
4 case. But it goes on to define that to say that the
5 babysitter who has incidental contact

6 MR. FOX: Is excluded. That's the problem. If
7 I'm reading that right, it says the babysitter who has
8 incidental conduct is not subject to this statute.

9 THE COURT: That's right. Well, that's what the
10 law says. And so --

11 MR. FOX: But they -- well, put this way, Judge,
12 I think there is at least need to be, that's under
13 that specific definition. There are several
14 categories of people that are covered by the law,
15 parent, obviously.

16 THE COURT: Right.

17 MR. FOX: Caregiver, you know, person who assumes
18 the role. And then the last one is person responsible
19 for the welfare of -- that's for the definition, the
20 very -- you know, for what's an institution, the
21 daycare center.

22 THE COURT: Right. Well, I agree with you that
23 those parts don't have any relevance. And if y'all
24 want to cut that out, I don't have a problem. I don't
25 care facility or childcare, whatever. But

1 essentially, what the law says in defining that term
2 later on is that it would not include a babysitter
3 that only has incidental contact. In other words, if
4 a babysitter just watches for an hour here or there,
5 two hours here or there, that they're not included in
6 that. And so you're saying, don't tell the jury that,
7 but I mean, that's what the law is.

8 MR. FOX: Well, then our request some sort of --
9 and we can think about what the -- some sort of
10 clarification. I -- I'm afraid that's very confusing.
11 It's confusing to us when we read through that they
12 may think babysitters aren't included in the statute
13 at all.

14 They're not included in the definition of
15 personal -- person responsible for the welfare of the
16 child. I'm afraid if you read that whole thing, the
17 last thing they're going to hear, or the last
18 definition is, this excludes babysitters and they're
19 going to think, oh, babysitters aren't even included
20 in the abuse and neglect statute at all. And that's
21 clearly not the case.

22 THE COURT: Well, it's not the case, but it also
23 in this -- in this section that we're discussing, it
24 -- if you're a babysitter for eight hours a day, five
25 days a week, this says you're included. But if it's

1 -- I mean, --

2 MR. FOX: It doesn't specifically though, Your
3 Honor.

4 THE COURT: Well, it says -- well, it doesn't say
5 that, but by exclusion it says --here -- is it here?
6 Caregiver means any person whose duties include direct
7 care, supervision, and guidance of children in a
8 childcare facility.

9 Childcare means the care, supervision or guidance
10 of a child or children unaccompanied by the parent,
11 guardian, or custodian like a babysitter on a regular
12 basis, but for periods of less than 24 hours per day,
13 but more than four hours in a place other than the
14 child or the children's home or homes.

15 I mean, is there any -- is there any testimony in
16 the record that Ms. Greene looked after any of these
17 children outside of the defendant's home?

18 MR. FOX: No, not that I'm aware of, no. No,
19 Judge. And what you've just read I think may well
20 cover it if caregiver is defined, because that's kind
21 of in that first section above person responsible for
22 the welfare of, then I think she would fall on -- any
23 babysitter would fall in the category of a caregiver.

24 And you describe and that is described what it
25 is. So I think I still I'm afraid that the language

1 under personal responsibility of the responsibility
2 for the care of a child and I still requested that be
3 stricken, but --

4 THE COURT: All right. Help me, Ms. Cavanaugh,
5 with this. I -- there is some dispute -- disputed
6 allegations in some of the evidence from the Defendant
7 that the -- Ms. Greene, I think her name was looked
8 after -- Makala Greene, I think her name is that --
9 that she looked after the child, someone she was
10 working.

11 I -- and then Ms. Greene said, no, I didn't do
12 that. I just came over just to visit every once in a
13 while, but I didn't watch the children when she wasn't
14 there. How with -- that -- with those disputed facts
15 in mind, what, if any of this section can we cut out
16 and what should -- what do you think that we have to
17 keep?

18 MS. CAVANAUGH: I mean, I -- I do think that
19 because there's been conflicting evidence about the
20 Makala Greene's role in these children's lives. I
21 think any sort of definition about what -- who falls
22 into the category of a person responsible for the
23 welfare of a child, I mean, should be read to the jury
24 or is part of the statute and it's relevant to this
25 case.

1 THE COURT: All right. All right. So Mr. Fox,
2 tell me of this section starting with person
3 responsible, tell me what you believe that we need to
4 cut out and what we need to keep in.

5 Because a -- a lot of this doesn't need to be in
6 here, you know, things about private residential home
7 or do you just want to -- I just need some specifics.
8 I hear what you're saying, but --

9 MR. FOX: I mean, clearly, you know, it includes,
10 so I just start at the top, consider. It include the
11 child's parent. Well, there's no argument about that.

12 THE COURT: Right.

13 MR. FOX: Guardian, although not applicable to
14 these facts. That's -- there's no argument about that
15 foster parent saying, I don't think we need anything
16 about an operator or employee or caregiver.

17 Well, all right, so caregiver is the problem, and
18 I misspoke. Caregiver is defined later on as a person
19 whose duties include direct care, supervision, and
20 guidance of children in a childcare facility.

21 So I -- I, again, no evidence that caregiver is
22 kind -- is supporting the facts in this case.

23 THE COURT: Right. So you're saying, cut that
24 out, well, then we'll just have child, parent --
25 parent or guardian?

1 MR. FOX: Well, this is why I'm a little nervous
2 about doing it if we keep the part based --

3 THE COURT: Well, I've got to have some
4 specifics. I get the amorphous, you know, the -- the
5 -- I get the general arguments from both sides. But
6 what I need to know is what do I put a line through
7 and what do I not? I need to get to that point.

8 MR. FOX: Yes, sir. Absolutely. I would say,
9 I'm sorry. I would say don't define it.

10 THE COURT: Don't define person responsible for a
11 child's welfare?

12 MR. FOX: And stop, yeah. Read the statute and
13 stop, it says, the beginning lays out what those
14 people are and caregiver -- I'm sorry, charge or
15 custody of a child's parent, guardian of a child or
16 who's responsible for the welfare.

17 And the other things aren't defined, right? The
18 other things aren't defined. I don't know if we need
19 to play special emphasis on that one by defining that.

20 So I mean, parent is -- does a parent mean a
21 natural born parent? Can it be an adoptive parent? I
22 mean, we have to define all of those things.

23 MS. CAVANAUGH: They're not.

24 THE COURT: Hold on. Hold on.

25 MS. CAVANAUGH: Just say a term we can -- I mean

1 we can just --

2 THE COURT: Okay. All right. And I'm sorry
3 about that, but you know, it -- it's -- it, you know,
4 I -- if, all right, so we'll just -- we'll just cut
5 that then. We'll just cut that as well down, too.
6 Thank you, Ms. Cavanaugh.

7 So we'll cut that down to --from that point to
8 where, Ms. Cavanaugh, where we had that -- that whole
9 section will be stricken there. All right. Any --
10 any other additions, objections, requests from the
11 State?

12 MS. CAVANAUGH: Yes.

13 THE COURT: All right.

14 MS. CAVANAUGH: The -- and this is another one
15 that I e-mailed Paisley about.

16 THE COURT: Okay.

17 MS. CAVANAUGH: Under the -- the aiding and
18 abetting part of homicide by child abuse. It's not
19 unless included and it's not part of our indictment.

20 THE COURT: Okay.

21 MS. CAVANAUGH: The aiding and abetting.

22 THE COURT: We -- we've removed that one. We --
23 we've removed that aiding and abetting. No objection?

24 MS. COLEY: No, Your Honor.

25 THE COURT: Okay. All right. Anything else from

1 the State?

2 MS. CAVANAUGH: Nothing, Your Honor.

3 THE COURT: Okay. Anything from the defense
4 other than, we've removed the aiding and abetting and
5 we've removed the one part of that section that Ms.
6 Cavanaugh requested and the other part of the -- of
7 the section on Page 20 and -- on Page 20 or 19 and 20
8 that you've requested. Any other objections or
9 requests?

10 MS. COLEY: Your Honor, we have two requests to
11 charge. Two additions --

12 THE COURT: Okay.

13 MS. COLEY: -- to charge. The first is an
14 extreme and indifference charge. I have copies of
15 that. I think I e-mailed them as well. These are the
16 originals.

17 THE COURT: Okay.

18 MS. COLEY: And here's another, if you needs a
19 copy. But the first would be the extreme
20 indifference. Stated, an extreme indifference is a
21 nature of a culpable mental state and is therefore
22 akin to intent.

23 A person acts under circumstances manifesting an
24 extreme indifference to the value of human life when
25 engaging in deliberate conduct, which culminates in

1 the death of some person. Extreme indifference is a
2 mental state akin to intent characterized by
3 deliberate act culminating in death.

4 We have some case law supporting that underneath
5 and I have other case law if, Your Honor, needs to
6 hear that as well.

7 THE COURT: All right. Let's give -- give --
8 have y'all had -- did y'all get this? Did you have a
9 chance to look it over?

10 MS. CAVANAUGH: We just did the e-mail. We're --
11 we don't have what -- hold on one second. Okay.
12 We're -- we have an objection, sir.

13 THE COURT: Okay. To either one of these?
14 Because the -- the other one is just multiple counts,
15 which essentially says that it is correctly that --
16 that they -- she can be found guilty or not guilty of
17 -- of each individual charge.

18 Okay. All right. So without objection, we'll
19 also charge these. Do you have a place that you -- in
20 the charges that you would like for these to be just
21 so that I make sure?

22 MS. COLEY: I believe that the extreme
23 indifferent should go around the homicide by child
24 abuse. Let me scroll up.

25 THE COURT: Okay.

1 MS. COLEY: sorry. Yeah, just after the --

2 THE COURT: On page -- how about Page 18 where it
3 ends showing an extreme indifference of --

4 MS. COLEY: Yes.

5 THE COURT: All right. So we'll -- we'll do that
6 one there. Can you note that, Paisley? And then as
7 to the multiple counts, I guess, that would probably
8 go toward the end when we talk about the jury --
9 excuse me, the verdict form.

10 MS. COLEY: Yes.

11 THE COURT: Let's see.

12 MS. COLEY: And then I do apologize, Your Honor.
13 I did have one last --

14 THE COURT: Okay. Let me -- let me find where we
15 can put this separate consideration of each count
16 after approximate cause. Yeah. Approximate cause
17 begins on Page 23. It goes to Page 24 and that's
18 right before the closing.

19 MS. COLEY: Okay.

20 THE COURT: Is it okay if we put the -- your
21 request to charge Number 2, the multiple counts right
22 there?

23 MS. COLEY: Before or after?

24 THE COURT: After approximate cause --

25 MS. COLEY: Yes.

1 THE COURT: -- before closing?

2 MS. COLEY: Yeah. I think that works.

3 THE COURT: Okay. Because closing is where I'll
4 go through the -- the verdict form and so I'll tell
5 them before I start with that -- that you can find,
6 you know, as to each different one and then I'll walk
7 through each different one.

8 MS. COLEY: Yes.

9 THE COURT: You got that, Paisley? All right.
10 And then what's the -- you said you had one other one?

11 MS. COLEY: Yes.

12 THE COURT: Okay.

13 MS. COLEY: I don't have anything to add. Just
14 the very last one on Page 28, the discharge of the
15 jury, we would just ask that you say that obviously
16 after verdicts have been rendered in the case.

17 THE COURT: Oh, absolutely. Absolutely. That'll
18 -- that'll be before I dismiss them. After -- if
19 either -- depending on whatever the verdict is after
20 we poll -- if the jury is polled or anything.

21 And then typically I'll say, you know, thank you
22 very much and then read that. But that -- yeah, that
23 won't happen until after the verdict and after y'all
24 have been heard on that.

25 MS. COLEY: Thank you.

1 THE COURT: All right. Anything further from --
2 from the State as far as the jury charges or the
3 verdict form?

4 MS. CAVANAUGH: Just nothing further related to
5 charges, Your Honor.

6 THE COURT: All right. And have y'all had a
7 chance to look at the verdict form as well? Is that
8 okay?

9 MS. CAVANAUGH: We have and it is fine.

10 THE COURT: Okay. Mr. Fox, the defense, it --
11 are y'all okay with or anything further as to the jury
12 charges or the -- or the verdict form?

13 MS. COLEY: No, Your Honor.

14 THE COURT: All right. Thank you. All right.
15 With that in mind, all right, so I'm going to close
16 that. Paisley, you're going to get -- you'll make
17 those changes, Paisley and --

18 MADAM CLERK: Yes, Your Honor.

19 THE COURT: -- and print a copy of those out. So
20 we'll do the closing arguments. Paisley may step out
21 and print up the full copy. We'll also make a full
22 copy as a court exhibit as well. And since everybody
23 consented to it, I don't think that we'll have any
24 that were proposed, rejected that need to be in the
25 record.

1 But if y'all think that anything else needs to be
2 added as a Court Exhibit, please do so. All right.

3 So anything further before I bring the jury in to
4 begin closing statements? And what I'll do when they
5 come in is to say the defense may call its first
6 witness or happy to hear from the defense at this
7 time, something like that.

8 Then you will -- you'll say whatever it is that
9 you deem appropriate to say. And then I'll say, okay,
10 now we're finished. Because there will be no
11 additional evidence or testimony, I don't think that
12 we need to hear the directed verdict issues over
13 again; is that right?

14 MR. FOX: I agree.

15 THE COURT: Okay. I mean, I you're -- you're
16 protected in your objections and arguments so are
17 noted, but I -- we don't need to send them back out
18 and argue that.

19 MR. FOX: No.

20 THE COURT: Okay.

21 MR. FOX: What I'll probably do out of caution is
22 well, we'll go straight in, Your Honor, there -- there
23 won't be any --

24 THE COURT: I mean, if you know, you can renew
25 any earlier motions or objections, something like that

1 if you want to put it on the record. But --

2 MR. FOX: I'll do that just to be very careful
3 and put it on the record.

4 THE COURT: Okay. That's fine.

5 MR. FOX: That'll just be just that we renew all
6 previous motions and objections.

7 THE COURT: And once we send the jury out, if
8 there's anything either side wants to put on the
9 record, we can do that as well.

10 MR. FOX: Yes, sir.

11 THE COURT: All right. So yes, ma'am, if you
12 could bring the jury in, please.

13 (Jury enters the courtroom.)

14 THE BALIFF: The jury is all seated, Your Honor.

15 THE COURT: Thank you very much, ma'am. All
16 right. Ladies and gentlemen, thank you. I hope you
17 had a nice lunch break. As you'll recall right before
18 we adjourned for lunch, the State rested its case.
19 And so now it's time for the defendant. Mr. Fox.

20 MR. FOX: Thank you, Your Honor. Ms. Glasgow
21 having exercised her constitutional right to remain
22 silent, not to testify, we will -- defense will rest.

23 THE COURT: All right. Thank you, sir.

24 MR. FOX: And at this time I renew all previous
25 motions and objections.

1 THE COURT: Yes, sir. All right. Ladies and
2 gentlemen, the parties have now presented their
3 evidence. Well, I guess I should ask the State, any
4 -- no rebuttal? No -- nothing further from the State?

5 MS. CAVANAUGH: No, sir.

6 THE COURT: All right. Thank you. Sorry about
7 that. All right. Ladies and gentlemen, the parties
8 have presented their evidence in this case. It is now
9 time for the attorneys to make their closing
10 arguments.

11 These arguments of the attorneys are not evidence
12 in the case. Their statements and arguments are meant
13 to help you understand the evidence and apply the law
14 to the evidence.

15 You should disregard any remark, statement, or
16 argument which is not supported by the evidence
17 presented during the trial or the law that I will
18 explain to you after the closing arguments. Yes,
19 ma'am.

20 MS. BROWDER: Thank you, Your Honor. May it
21 please the Court.

22 THE COURT: Yes, ma'am.

23 STATE'S CLOSING ARGUMENT

24 MS. BROWDER: Being a mother is hard, but it's
25 the best and it's rewarding, but it's physical and you

1 sacrifice to make sure your children are okay. Those
2 are the words that Ms. Coley said in her opening
3 argument to you earlier this week to describe
4 motherhood. And she's right. Being a mother is hard,
5 being a parent is hard. It can be overwhelming.

6 You go to the bathroom just for a minute to get
7 away and get some peace, and the next thing you know,
8 there's a little pun coming up underneath. "Mommy,
9 what are you doing? Mommy, can you help me? Mommy,
10 I'm hungry."

11 But what do you do? You continue to be a parent.
12 You continue to love your child and you continue to do
13 it without question or panic. Being a mother is hard.
14 There's sleepless nights.

15 Whether it's waking up to feed your child when
16 they're a baby, or -- or whether it's when they're
17 coming home from prom.

18 You want to make sure they get home safely and
19 their head is laid down on that pillow before you go
20 to sleep. It doesn't stop. The worry does not stop.

21 And why is that? Because true love is selfless,
22 true love is prepared to sacrifice. A mother's love
23 should be ready to sacrifice anything and everything
24 for their children at all cost.

25 But the little eight-month-old, **Infant One**, the

1 last two months of his life was anything but his
2 mother's sacrifice for him. Instead, he was the one
3 who sacrificed, he sacrificed his body, he sacrificed
4 his mind all for his two brothers.

5 He was their brothers, **Infant Three** and **Infant Two**, and **Sister**
6 **██████**. He may have lost his life and died, but as a
7 result, **Infant Three** and **Infant Two** were able to live. They were
8 able to escape that house hard of neglect that they
9 were having to live in because they continued to
10 starve to death for the last previous months.

11 Breonte Glasgow, she did not sacrifice. She did
12 not lay down her life for her children. She was happy
13 to let **Infant One** do that for her. He's dead today
14 because of her and her other children are alive in
15 spite of her.

16 Now, the last couple days y'all have had to sit
17 here and listen to a lot of stuff that is not very
18 pleasant to listen to. It's not very pleasant to see.
19 It's things you don't want to think that even happen
20 in this world. But they do.

21 And Ms. Cavanaugh, Ms. Monroe, and I, we both, we
22 all thank you for doing that, for paying attention and
23 enduring that pain.

24 But as you sit there, I want you to remember
25 **Infant One's** pain, **Infant Three's** pain, **Infant Two's** pain and their

1 journeys because they are the ones that suffered at
2 the so-called hands of their mother.

3 Now, before I get into the evidence, I want to
4 talk a little bit to you about the law because Ms.
5 Monroe stated at the beginning, it is our burden as a
6 State to prove to you beyond a reasonable doubt that
7 Ms. Glasgow is the one who committed these crimes.

8 Now, beyond a reasonable doubt is proof that
9 leaves you firmly convinced of her guilt. Now, there
10 are a few things in life, ladies, and gentlemen that
11 we know are 100 percent certain, the sun rises in the
12 east, sets in the west, a mother has her baby. Those
13 things are certain, but it doesn't require proof
14 beyond every doubt. Just a reasonable doubt, what a
15 reasonable person would think, a reasonable person
16 would see the evidence.

17 Now, based on your consideration of that
18 evidence, if you decide that there is a reasonable
19 doubt, find her not guilty.

20 But if you find that there is evidence to prove
21 that she should have known either she committed these
22 crimes or that she failed to give her child any life
23 support such as food, the most basic medical help
24 which all of these children needed lots of, and that
25 caused **Infant One's** death, you find her guilty.

1 Now, she's charged with three separate charges,
2 one for each child. The first is Homicide by Child
3 Abuse. And that's for **Infant One**, for the -- for the
4 child who died.

5 What we have to prove to you is in four stages,
6 okay? Cause the death of the child under the age of
7 11. I don't think anybody is going to disagree that
8 he's under the age of 11 here while committing child
9 abuse or neglect.

10 And this death occurs under circumstances
11 manifesting extreme indifference to human life. But
12 keep in mind, she doesn't have to mean to cause this
13 death.

14 Homicide by child abuse doesn't mean I'm going to
15 neglect you to die, that's my plan. That's not what
16 that means. Child neglect or child abuse, whether you
17 mean to kill a child or not.

18 For example, if you slam a child and they hit
19 their head and they have a brain injury, you might not
20 mean to kill the child, but the child dies as a result
21 of that. That's enough.

22 If a child dies because they've been starved,
23 they're not getting enough food, they're not going to
24 the doctor, that's neglect. That's enough. Now,
25 child abuse or neglect is a term and you're going to

1 hear the Judge tell you this term, but it means an act
2 or an admission by a person which causes harm to the
3 child's physical health or welfare.

4 Harm to a child's health and welfare occurs when
5 a person inflicts or allows to be inflicted upon the
6 child's physical injury or fails to supply the child
7 with adequate food, clothing, shelter, or healthcare.

8 And the failure to do so causes physical injuries
9 or condition resulting in death. You heard Dr. Monroe
10 testify that **Infant One** died not from complications from
11 non-accidental head trauma.

12 **Infant One** was immobile, he couldn't move. And that
13 could have occurred within several weeks back to
14 January, potentially. He would've shown signs such as
15 lethargy. If you remember from the video, boy you
16 slow. They don't cry a lot. The cries get softer.
17 They get lethargic and don't move around a lot.

18 The day before he died, this is what he looked
19 like. He's lying there not moving at all. She didn't
20 think that this was anything to be concerned about.
21 Much less the ribs you can see on him at that point.
22 An extreme indifference to human life.

23 Ladies and gentlemen, if you were starving your
24 children over the course of two months, I don't know
25 what else could be extremely indifference to human

1 life.

2 And in addition to that, you want to taunt them
3 about it. Video them talking about looking at their
4 face. This is ridiculous, look at this shit. There
5 was no remorse there. That was how she treated her
6 children. That was who she is.

7 And she decided that that was -- that evidence
8 was enough that she needed to delete that evidence
9 once that child died, because she knew that's not
10 going to look good for me.

11 Now, she's also charged with two counts of
12 unlawful conduct towards a child. One for **Infant Three** and
13 one for **Infant Two**, who is, you know, both the brothers of
14 **Infant One**. And that's a person who is in charge of
15 custody of a child or who is the parent of a child.

16 So I don't think anybody is going to disagree
17 that she's the parent to these two little boys. Place
18 that child at unreasonable risk of harm, affecting his
19 life, physical or mental health or safety, and do her
20 calls to be done unlawfully emotionally any bodily
21 harm.

22 So cause them a substantial risk, unreasonable
23 risk of harm affecting that child's life, physical or
24 mental. I'll get to it -- to it in a little bit. But
25 you heard Dr. Young.

1 Both of these children were malnourished. They
2 were 0.1 percentile, which had nothing to do with them
3 being preemies because she made sure to look at that
4 and make sure that that wasn't something that played
5 into this.

6 And those children had not seen a doctor since
7 January and asked her, why had they not seen a doctor
8 since January? Because she knew **Infant One** was in bad
9 shape and she took both of the other boys.

10 She could not take **Infant One**, she couldn't show
11 people what was happening to **Infant One** because she knew
12 it was bad, but yet she did nothing about it.

13 She specifically made in her DSS testimony that
14 they missed their February appointment. They hadn't
15 been to any appointment since January. Why is that?

16 Now, we put up 16 witnesses to explain to you
17 **Infant One's** last week, hours and minutes, and **Infant Two** and
18 **Infant Three's** life as they were living it there. And
19 every single one of them had a purpose and a reason.

20 And each one of them is kind of like a puzzle
21 piece. When you go to put a puzzle together, you see
22 it. They're all spread across the table. You don't
23 understand what this one piece might be and how it
24 relates to this one over here.

25 But once you start putting them all together,

1 they give you a big picture. So I'm going to go
2 through a little bit of the evidence and show you how
3 when you put everything together, the final result is
4 that Breonte Glasgow is guilty beyond a reasonable
5 doubt.

6 So start first with some of the medical
7 professionals that first see **Infant One** on March 11th,
8 2023.

9 Now, 911. You heard the 911 take place
10 internally. She says she's doing CPR. She sounds
11 like she might be a little upset, not completely
12 upset, but a little.

13 Think about something ladies and gentlemen. That
14 was made at 11:30 something in the morning and she
15 testified at DSS. What time did she say she found him
16 dead? 8:00 or 9:00 a.m. She already knew he was
17 dead.

18 That whole 911 that she called was a show. She
19 had to get everything together, make it look like
20 something had happened and that it wasn't her fault,
21 because if you look at the house, when they go into
22 the house, ladies, and gentlemen, when Rainsford, who
23 doesn't know what he's supposed to be taking pictures
24 of, takes pictures, the front rooms, and the kitchen,
25 they're all nice and clean, and span, nobody can see

1 what's going on. But then when you get to the other
2 rooms, they're disasters.

3 She took some time to continue working for two
4 hours to clean up the front rooms to look like she's a
5 great mom and everything's going good over here.
6 We'll, throw everything in the kids' rooms in my
7 bedroom so they won't know what's going on. Look at
8 the crib, ladies, and gentlemen. This is how much she
9 cared about her children.

10 This is what they were sleeping in and sleeping
11 on. There's not even a bed sheet on it and it's
12 completely disgusting and dirty. So when 911 happens
13 and the kids come, or 911, EMS, fire come in, fire
14 says, they're not breathing at all, he's not breathing
15 at all, he has zero pulse.

16 The baby was so small or Senior firefighter
17 Higgins said he fit in his arm. This eight-month-old
18 baby, he fit right here so he could start chest
19 compressions. That's how small this child was. And
20 he thought it was a newborn.

21 And Ms. Glasgow thought nothing was wrong with
22 this baby. And what was she doing? Nothing.
23 Standing over to the corner, walked in and she points
24 to him, he's right there. She's not performing CPR,
25 which she said most people are performing CPR, which

1 goes to corroborate her 911 call to show because she
2 already knew he was dead.

3 She was pretending to do it and make it look like
4 she knew what was going on. And then when Captain
5 Tilton walks in, she says, this is what I'm having to
6 deal with and trying to show the baby.

7 She's not over there worrying, trying to get to
8 him to see if he's okay. She's not trying to comfort
9 her 18-month-old who's in the bassinet. She's not
10 trying to comfort the other two babies. She's showing
11 people at work, this is what I have to deal with. I'm
12 worried about clocking out. Can you do something for
13 me?

14 Extreme indifference to human life. And then
15 when it was time to go, all she cared about was her
16 phone charger. But for what? Oh, that's right.
17 Because for two hours she was FaceTiming people.
18 Facebooking people sending screenshots of girls
19 dancing in the club. She -- to make sure she could
20 still communicate with her friends.

21 And when EMS arrived, they said he was cold.
22 Think about that, ladies, gentlemen, why would
23 something be cold? Have they been dead for a while?
24 Which again goes to corroborate she found him at 8:00
25 or 9:00, didn't want to do anything, was covering up

1 what she had done.

2 And Dr. Wade, he said he did everything he could
3 to try to save **Infant One** when he came in. And their
4 thermometer couldn't even get a temperature on because
5 he was so cold.

6 Again, corroborating that child had been dead for
7 a long time. So he looked like a little old man. You
8 know what also corroborates that? He's been dead
9 since about 9:00. Ms. Glasgow's own statements.
10 We feed him on a 3, 6, 9, 12 schedule.

11 So at 9:00, that would be the time that she goes
12 to feed **Infant One**. Guess what? She finds him dead at
13 9:00, puts the other two down for a nap at 10:00 and
14 decide at 11:30, now is when I need to do something.

15 Now, she gives several statements as to what she
16 says happen, ladies and gentlemen. Of course, I've
17 gone through the 911. I'm not going to go through
18 that again.

19 So the first time at the hospital she says that
20 he acted like he didn't want to eat and she was
21 changing his diaper at 11:00 but noticed he didn't
22 look good and she called 911, okay?

23 So she's changing his diaper at 11:00. Why was
24 911 not called until 11:30 something? Her Statements
25 still don't line up. He said he vomited. Well, if

1 he's dead already she found him at 9:00 he hadn't
2 vomited.

3 And I believe it was EMS, somebody had said, you
4 -- your memory on this that he had dry vomit in his
5 hair and all this. So if she had just called 911 and
6 he had just vomited, it wouldn't have been dry by that
7 time.

8 And she said he hadn't been sleeping or he'd been
9 sleeping for longer intervals beginning last weekend
10 and that the bruises and scratches were bad skin.

11 You saw what he looked like that day. Is that
12 bad skin? It's not bad skin. That's somebody who was
13 scratching this child who's frustrated with a child.
14 She's sick of him crying.

15 And why is he crying? Because he's got two
16 broken bones in one arm. He's got a broken bone in
17 the other arm. He's got three broken ribs. Of
18 course, he's going to be crying.

19 Oh, let's not forget his frenulum that was torn
20 wide open. I wonder why he's not eating that well
21 because she'd done something to him at that point.
22 And she says that they were eating eight ounces,
23 ladies, and gentlemen, eight ounces of NeoSure because
24 let's not forget she has plenty of formula for these
25 babies, plenty.

1 And it's the exact kind that Dr. Coates testified
2 that they left the hospital drinking, they were
3 drinking good, they were gaining weight, the exact
4 same kind.

5 She says they're drinking eight ounces, they're
6 great. But what did Bailey Polson say? When she got
7 done they were drinking about four ounces maybe. And
8 how much weight did they gain just drinking four
9 ounces?

10 There was no way she was feeding them eight
11 ounces, ladies, and gentlemen. No way. Don't worry.
12 She was feeding herself; her pantry is full. She was
13 making sure she ate, just not her babies. Extreme
14 indifference to human life.

15 So then all she's worried about is her phone.
16 She calls Mastrianni, when do I get my phone back?
17 That's all she cares about. Why? Because one, she
18 knows that video still might be on that phone. She
19 doesn't know what she's done wrong.

20 And two, she's trying to factory reset that
21 phone. You didn't do anything wrong. Why are you
22 trying to get rid of everything which includes your
23 pictures of your babies, your baby that just died,
24 pictures of your other children? Why are you trying
25 to reset your entire phone where all of that would

1 disappear? And then when she testifies for DSS, she
2 says, I saw nothing wrong with my child. I didn't see
3 his ribs; I didn't see his injuries.

4 I don't see scratches and bruises. I don't see
5 anything that's going on with him. Oh, I've been
6 talking for 18 minutes and 37 seconds now, ladies and
7 gentlemen. That's the length of that entire video
8 that you saw the first five minutes of.

9 As long as I've been standing up here, Breonte
10 Glasgow has been taunting her child, calling him
11 ridiculous. Why are you doing this shit? Look at you
12 crying. If you did that, you wouldn't leave your
13 mouth open like that. 18 minutes and 37 seconds, the
14 entire time I've been standing up here. That's what
15 she was doing.

16 She didn't have one bit of remorse about it
17 because at the end, if you recall her saying, this has
18 been going on for 15 minutes straight now, they still
19 hadn't stopped.

20 And then towards the end, almost 20 minutes now I
21 want to go get his bottle so I can show y'all what he
22 does when he gets his bottle. She thought it was
23 funny. She giggles at one point towards the end.

24 You heard Major Johnson give the statements that
25 she said, at one point at the end she giggles, she

1 thinks it's funny that he is in that tub at this
2 point. You know it's cold water. You see his little
3 hand shivering, he's crying, he's bleeding, he's got
4 vomit all over him.

5 And she's just still recording. That's the
6 beginning of the end for **Infant One** because he doesn't see
7 a doctor for two months until the day he dies. You
8 can't see his ribs and that she hadn't stopped feeding
9 yet. But does she care that he was crying or that he
10 was bleeding or that he was cold? No.

11 Now, the phone records, I'm sure as everybody
12 else in the courtroom was -- was bored as could be
13 during all the reading of those text messages and
14 everything from 8:00 in the morning to the time that
15 Breonte calls 911.

16 But those had a purpose. Because if you recall
17 like we've been talking about, 9:00 is when she found
18 him dead. Let's be on the safe side and say 9:00 when
19 she was feeding him. When she did that, you saw how
20 much activity she had on her phone after that.

21 She didn't care. She continued to work like
22 nothing had happened. You heard some questions asked
23 about her having twins previously that she miscarried.
24 Have you had twins previously that you miscarried?
25 Wouldn't you be extra vigilant for these new babies

1 that you got the blessing of getting to have? But she
2 didn't.

3 And she went to work and continued texting while
4 her baby like dying probably about 10 feet away or
5 they did already 10 feet away. And then to top it all
6 off, when someone had text her asking previously how
7 the baby was doing, her response that not, he died, I
8 can't believe this is happening. That, it's just
9 that, there was nothing. There was no emotion, there
10 was nothing.

11 She showed no emotion from the time EMS showed up
12 until the Bailey, ladies and gentlemen, Bailey Polson
13 was more upset over **Infant Three** and **Infant Two** who were still
14 alive, if Breonte had shown any emotion for any of her
15 children.

16 Now, I'll come back to **Infant Three** and **Infant Two**. About
17 the video -- this video if you recall in the DSS
18 transcript when asked, did you take this video? If
19 that's your voice on the video? She says, I don't
20 believe so. It's not a note. That is absolutely not
21 me. I would never do that. I don't believe so.

22 I want you to notice the pink crocs, ladies, and
23 gentlemen. The person who was filming this is wearing
24 the pink crocs.

25 And if you recall the other video that we put in

1 through Ricky Johnson, video that starts at her face
2 and goes all the way down her body. What is she
3 wearing? Those exact pink crocs. The little fuzzy
4 warm stuff right there.

5 This is Breonte Glasgow. Without a doubt. Who
6 else is going to have her phone? Who else is going to
7 delete it while she still has her phone, which we know
8 she has at the hospital in between him dying and the
9 next day her phone is taken? Because she makes sure
10 she takes her phone and her phone charges to the
11 hospital and then she's upset she doesn't have service
12 at the hospital.

13 She says that during her DSS testimony, I didn't
14 have service at the hospital. So that means she had
15 her phone to know she didn't have service. She had
16 her phone.

17 Makala Greene didn't have her phone. Makala
18 Greene's daughter didn't have her phone. She had her
19 phone. She's the one that leave it. She's the one
20 that made it. We thought this man has stretched up
21 his face, fingernails all in his eyeballs and
22 everything. Can't even relax in a warm bed going to
23 play with the rag.

24 Does that sound like somebody's concerned about
25 their baby? And that's just 24 seconds. You still

1 have more than 18 minutes to go with that. And why
2 would somebody delete that video? She says in the
3 video, I'm trying to catch this for the doctor so he
4 can see him scratching himself.

5 Okay. So when did you show that to the doctor?
6 Because she doesn't take him back to the doctor. He
7 doesn't see a doctor again until he dies. And why
8 delete it if that's for that purpose and it wasn't so
9 bad?

10 And why delete it when you deleted it? Because
11 you knew it would show you were guilty. That's why
12 she deleted it.

13 Now, before I get to what I think the defense
14 might say, you also heard from Dr. Monroe and Dr.
15 Young. We have to prove to you that **Infant One** died as a
16 result of acts or omissions from Ms. Glasgow. That
17 Dr. Monroe said he died of complications of
18 non-accidental trauma.

19 When it happens, we don't know, but we know
20 Jasper James, the father, hasn't been around since
21 December based on Breonte Glasgow's own testimony,
22 that DSS, so it's not him. Makala got up and
23 testified and Makala, she -- you saw Makala, she was
24 raw.

25 She told you what she told you. And even if

1 Makala -- what's her phone and say it was Makala who
2 works from home while Makala is babysitting six days a
3 week if that's what Breonte wants you to believe. Who
4 is looking out on the living room where you can see
5 everything that's happening from your workstation
6 right there, Breonte Glasgow, who can hear, as you
7 heard Makala say from the back of the courtroom, a
8 baby cry.

9 Your baby has fractured its arm, you're going to
10 hear that absolute silence and then just scream. And
11 you know the difference with your mother in the cries
12 of your baby and even a toddler or a six-year-old or
13 an eight-year-old and something bad happens, you know
14 immediately and you drop everything and you go
15 running.

16 None of that happened. To say it wasn't Makala,
17 Breonte Glasgow did nothing. She let it keep going.
18 She did nothing. Take that child to the doctor for at
19 least one, two, three, four, five, six fractures all
20 in different healing stages. So it happens six times
21 at least.

22 And you work from home six days a week while
23 she's watching the baby? Doesn't make sense, ladies,
24 gentlemen. And if you're so overwhelmed, these four
25 kids with no help, well, she wants you to believe

1 Makala was there six days a week. How are you
2 overwhelmed if you're working and Makala is watching
3 the babies the entire time? You don't have to do
4 anything to help them.

5 Somebody else is watching them. But how are you
6 overwhelmed? So he said it was non-accidental blunt
7 head trauma, but there's also contributing factors
8 that also helped him die.

9 One of those, child neglect, he was dehydrated,
10 severely underweight. And you heard Dr. Young testify
11 that he would need immediate hospitalization if she
12 had seen him. That's the first thing that would've
13 happened.

14 This wasn't a let's take to the doctor, he's
15 okay, let's treat him a little bit, give him some
16 antibiotics. Immediate hospitalization. Her lack of
17 doing anything for **Infant One** is what helped him die. And
18 as for **Infant Three** and **Infant Two**, they were on her way.

19 You heard Dr. Young, this is what she sees every
20 day, bless her heart. But she has to look at these
21 children. But she see bruises, you see his penis.
22 But she talked about something had to have been tied
23 around it.

24 Another baby doesn't tie something around their
25 brother's penis. And none of them can move when

1 they're eight months old. And Breonte says she didn't
2 see anything.

3 She might have seen it that day. Did she do
4 anything for that? Did she call anybody and say, hey,
5 should I bring him into the doctor, this looks kind of
6 weird?

7 No, she did nothing because at that point she
8 didn't care. Extreme indifference to human life. And
9 **Infant Three** and **Infant Two**, same trajectory. They just haven't
10 gotten there yet, because they didn't have any broken
11 bones yet. So they weren't as fussy, they didn't get
12 ignored as much. So she was feeding them a little bit
13 more.

14 Now, I'm not going to get to come back up here
15 and talk to you again. So I'm going to address some
16 of the things that defense may say. And I have to
17 purely guess here, because obviously I can't predict
18 the future.

19 I don't know what they're going to say, but I
20 predict they're going to say she didn't cause his
21 death. Well, there's two ways they're going to say
22 that potentially.

23 She physically didn't do it because of head
24 injuries. What caused the death, not any sort of
25 child neglect or Makala did. So I'm going to start

1 with Makala.

2 This doesn't make sense for several reasons.
3 One, Makala did it, when you were locked up as Makala
4 testified and called Makala from the jail. And you
5 knew you didn't do anything. That they've got you in
6 here against your will and you did nothing to your
7 baby.

8 And the only other person who'd been around your
9 baby was Makala because you said she's been watching
10 him all this time.

11 Why do you give Makala access to your credit
12 cards and to pay your lease and do everything for you?
13 Because that's the only other person who you would
14 give access to.

15 If Makala did it, then when you get locked up for
16 something you supposedly didn't do, you know the only
17 other person who watched your child was Makala Greene.

18 How come when you call her, you don't say, what
19 in the world have you done to my child? How did you
20 kill him? What did you do? There was none of that,
21 because she knew she had did it and she was trying to
22 figure out how she could pay her bills still instead
23 of worrying about her other children.

24 And again, if Makala did all these injuries and
25 you work from home and you oversee the whole living

1 room, you could -- you know what's going on.

2 You know how, but your babies are getting fed.
3 You know if they're playing, if they're rolling over,
4 if their bones are being broken. She did nothing to
5 help them.

6 She is responsible for this death. Now, defense
7 asked a lot of questions like, well she put mittens on
8 them for the scratches, right? I mean, she was trying
9 to be a good mom, she put mittens on her hands.
10 Ladies and gentlemen, mittens don't prevent fractures
11 from happening. Mittens don't prevent a baby from
12 being shaken or their head slammed and indifferent to
13 have brain injuries. Mittens don't cause you not to
14 feed your child. Mittens mean nothing in this case.
15 Nothing whatsoever.

16 And these scratches weren't caused by other
17 siblings. You heard Dr. Young testify they were
18 circular in nature. They're circular or arced, not
19 linear, they're not fingerprints.

20 Something else is done to these children. She
21 was overwhelmed. Well, sure we all get overwhelmed.
22 I'm not saying that's not a thing, it is but it
23 doesn't give you the right to stop feeding your
24 children, to stop taking them to the doctor or doing
25 any of the basic things that these children need. She

1 had, again, plenty of formula in the house. So it
2 wasn't for lack of funds that she couldn't feed her
3 children that she was just doing the best she could.

4 She had it, she just didn't give it to them. And
5 you know, they may try this whole thing. Well, they
6 were fine. They were premature babies. These are
7 things that happen with premature babies.

8 But you heard Eric Coates or Eric Coates testify
9 when all of those babies left the hospital, they were
10 eating fine. They were gaining weight on NeoSure
11 which is the same type of formula that she has in her
12 house. They were doing wonderfully. And then they
13 started going downhill.

14 But when Bailey Polson and her family gets them,
15 within a couple days, they've already gained a couple
16 pounds.

17 All they had to do was feed them. Feed them less
18 food actually than they had -- Ms. Glasgow claimed she
19 was giving. They chunked up immediately. What does
20 that add up to? That adds up to, she wasn't parenting
21 them because she didn't want to.

22 Now, as we just got done with mother's dad and
23 thinking about this case on Sunday, as I was with my
24 family, my mother, and my kids, when you look at your
25 mother, it should be that you're looking at the purest

1 love you ever know.

2 Mother's love is the purest form of magic. A
3 selfless masterpiece with devotion, defies all highs
4 and boundaries, endures all obstacles and challenges.

5 It's a love pain, the sacrifice of dedication.
6 But for **Infant One**, **Infant Three** and **Infant Two**, their mother's love
7 was toxic. Their mother's love was killing them.

8 **Infant Two**, the day after he came into care, three
9 weeks later and see the difference in his face. He
10 gained weight, because all he had to do was eat.

11 **Infant Three**, the day he came into care, teeny tiny, three
12 weeks later, that little chunky baby, all he had to do
13 was eat.

14 And as **Infant One** lay there dying, beaten, bruised,
15 scratched, fractures, head injuries, mouth not even
16 having the frenulum he's supposed to have anymore,
17 it's a shell of himself.

18 He couldn't even cry out for help anymore,
19 because all he could do was just lay there, help for
20 his mother. The person who was supposed to protect
21 him, she laid there that day, the day before he died,
22 his brothers knew something was happening. They're
23 up. They're standing there to him. **Infant One** is just
24 lying there almost dead, but she did absolutely
25 nothing for him.

1 I'm sure you've heard the phrase before; picture
2 is worth a thousand words. That picture shows you the
3 beginning of **Infant One's** death. But I pause this
4 question to you. If a picture is worth a thousand
5 words, what's a video worth? In the video.

6 (Video played.)

7 MS. BROWDER: Is your words worth thousand words?
8 It's only worth one word, that word is guilty.

9 THE COURT: All right.

10 MR. FOX: Thank you, Your Honor. May it please
11 the Court.

12 THE COURT: Yes, sir.

13 **DEFENSE'S CLOSING ARGUMENT**

14 MR. FOX: Ms. Coley told you at the beginning of
15 this case, and you've obviously seen very, very sad,
16 very, very difficult circumstances, very, very
17 difficult facts.

18 However, you all sworn oath at the beginning of
19 this to try the case -- case on facts of the law that
20 the Judge gave you and not on emotion. And that's an
21 incredibly hard thing to do anytime. That's why
22 you're here.

23 So you were chosen to be an impartial jury with
24 no friends' reward or any means to punish even a
25 mother accused of the worst of the worst. I can't

1 tell you; you're not going to -- to just set that
2 aside and not have any reaction to this.

3 I can sit there and I can see a reaction you have
4 had. You've had some of the same reactions. This is
5 very hard, but hard, difficult, unpleasant is not the
6 same as proof.

7 I'm not going to insult your intelligence and
8 spend a whole lot of time talking about the neglect of
9 **Infant Three** and **Infant Two**.

10 The medical testimony has been they're
11 undernourished to different degrees, had some
12 injuries, not some degree that **Infant One** had, but those
13 facts speak for themselves.

14 I'm going to talk a good deal about **Infant One**,
15 because the Judge will tell you the law requires that
16 there must be an element of intent. That the charge
17 is homicide by child abuse.

18 And it's pretty much what it sounds like.
19 Homicide is a unlawful death. Child abuse is child
20 abuse. But they first must prove, and as much as I
21 appreciate the Solicitors speaking for me, I'll speak
22 for myself.

23 They first must prove before you get to extreme
24 indifference, before you get to anything else, before
25 you get to child abuse, they must prove that she was

1 the cause of the death, not the cause of all the
2 injuries, not the cause of an ugly video, not the
3 cause of under-feeding, the cause of the death.

4 And Dr. Monroe told you that the cause of death
5 was blunt force trauma to the head. Obviously once
6 you sustain an injury of that type, his condition is
7 not helpful.

8 His condition being underweight does not help him
9 recover or deal with that. However, his condition,
10 although contributory is not the cause of death.

11 So all of these things that are unpleasant to see
12 and watch and hear about, and they are, are not the
13 cause of the death. And so when you're deciding on
14 the charge of homicide by child abuse, the law
15 requires your oath, requires that you make a finding
16 that Breonte Glasgow herself intentionally caused that
17 injury.

18 She did not have to, I will agree with this with
19 her, she doesn't have to intend the consequences of
20 the death, but she must intend that injury, blunt
21 force trauma to the head.

22 Dr. Monroe testified as an expert; you can
23 clearly tell me he knows what you're talking about.
24 There was no skull fracture. In other words, no
25 visible injury in the part of the head in the brain

1 that caused the death.

2 So I know it's extremely difficult to look past
3 all the other things. You can't do it, it's
4 impossible, but you've got to focus because your oath
5 requires it on the cause of death.

6 And whether that was intentional or not, I
7 believe the Judge was to argue that extreme
8 indifference, and then that must happen under
9 circumstances exhibiting extreme indifference to human
10 life.

11 Okay. So first, before you even get to extreme
12 indifference, there has to be the intentional
13 infliction of the injury that causes the death.
14 Extreme indifference is in the nature of a culpable
15 mental state, it's intent, deliberate conduct which
16 culminates in the death of some person, a deliberate
17 act culminating in death.

18 I do not believe you have any evidence that that
19 is so. There is evidence of maltreatment, there is
20 evidence of things that are extremely bad, but there's
21 not evidence of that.

22 Look at the circumstances that I told you.
23 Overworked, overextended, overwhelmed. And despite
24 any sneering inside comments or tone about that, it's
25 objectively true, objectively true.

1 This woman, this young woman, this single mother
2 comes home from the hospital with three of her four
3 quadruplets. One didn't make it, with a child, just a
4 year older toddler unable to care for herself.

5 **Sister** and three extremely premature infants who
6 spent months in the hospital undergoing the most
7 extensive care possible to make sure they could
8 survive when they got out.

9 But with a whole host of things that had to be
10 done and accounted for and kept track of and done
11 aside, just from the literal day to day of changing
12 dressing, burping, feeding one child is -- can be more
13 than enough.

14 Four under the age of a year and a half. Nobody
15 can do that. I'm not suggesting that as a
16 justification. I'm not saying, well, it was hard. So
17 she's got a pass to do whatever she wants.

18 The father, for whatever reason, it sounds like
19 that was a -- a relationship between Breonte and
20 Jasper. Jasper, the father. But that ended.

21 But regardless, it ended January, sometime in
22 January, you said December. I think you heard
23 testimony. That was sometime in January. Watch the
24 timeline. They come home in October. From October
25 through January. They're actually gaining weight.

1 Things are going fine. They're making doctor's
2 appointments; they're going for shots. They're going
3 to the eye clinic; they're going to the cardiologist.

4 They're making -- they're going to the
5 pediatrician. They're not out of the woods. They
6 will always have to be careful. It's continued to
7 this day.

8 To this day, **Infant Two** and **Infant Three** have to be taken to
9 multiple appointments because just the nature of being
10 born at 24 weeks, six months, babies are supposed to
11 be in their mama's womb for nine months. They were
12 three months premature.

13 The -- Dr. Coates said about the earliest his
14 unit ever takes them is 22 weeks. These babies were
15 24, they were a pound. My shoes together probably
16 weigh more than a pound. They would've fit in the
17 palm of your hand.

18 Of course they had problems and when they came
19 home it wasn't just a matter of well, to stick a palm
20 in their mouth, that'll be okay. All babies are
21 tough, all babies are difficult, all babies. God
22 forbid, you have a baby who has a colic.

23 Again, not an excuse, but compare her situation
24 when she came home in October to the situation with
25 Ms. Polson. And I don't say that in any way to

1 denigrate Polson.

2 It is magnificent that they have done to step in
3 and take care of these children who are not their
4 biological children. But there's a reason I ask those
5 questions. They're financially stable. They are a
6 couple.

7 In fact, Ms. Polson can now afford not to work at
8 home, to work full time. The husband owns his own
9 business and that can be its own stresses, but that
10 also means he's the boss. That means he's available
11 that she said at times to be -- to be there for her.

12 Unlike Jasper, they've got a babysitter, multiple
13 babysitter. They have older children who can at least
14 most of look after themselves and probably take care
15 of some of the basic care. They have a community of
16 friends, church, family, they literally have a
17 village, and it takes -- with one child it takes the
18 village. They literally have a village of support to
19 help take care of these kids and do what needs to be
20 done. And it's still difficult.

21 And she still said it's a lot and it can be
22 overwhelming. Now, you're a single mother and you got
23 four and the father of the children is not around.
24 You've had to take him to court to get child support.

25 So for whatever reason, whether it's your choice

1 or his, or mutual, he's not there to provide on day to
2 day. So you turn to your good friend to come in and
3 help you. There is a definite demarcation between
4 January and March and you can see it.

5 You can see from October to January things are
6 going pretty well, at least in terms of the health of
7 the children. And after that split, after the point
8 in time when Jasper is not on scene anymore, when
9 Jasper is not contributing as he should, both in time
10 or with resources, she has to go back to work.

11 She's trying to do for her children, she's trying
12 to do this. She has, and you've heard, I think Makala
13 say this, she has this mentality, I can do it all.
14 That's not a good mentality to have, but you have not
15 in this situation. She -- there is a break.

16 You can see it. Starts around the time of that
17 video. The video is horrible but to me it depicts the
18 decline in the state of mind that's going on.
19 Postpartum depression is a real thing. It causes
20 female, women, mothers at times. It's more than the
21 baby blues.

22 It can cause women to do things that are way
23 outside of their character and that don't make sense
24 and then even are horrible and you can just see it.
25 You can see from the activity on that.

1 The difference between her actions when the
2 children come home and what she's doing, taking them
3 for appointments, they're gaining weight, all of those
4 things.

5 And then there's this turn. She all of a sudden
6 became a monster that just that's what happened? It's
7 not what happened. In law school, when you take an
8 exam, they're always written exams and you get a fact
9 pattern for whatever topic it is, criminal law,
10 constitutional law, and it's four or five, six
11 paragraphs long and then you've got to write for two
12 or three hours about that and there's always a lot of
13 issues in there.

14 And most professors will slip in what they call
15 red herrings. And red herrings are things meant to
16 divert your attention to see if you go after them and
17 take your eye off the ball, right?

18 They want you to talk about these three things,
19 but they send you chasing off this thing over here.
20 So they do that intentionally. It's called red
21 herring.

22 Please don't run after the red herrings in this
23 case. Her emotion, her supposed lack of emotion,
24 nonsense. A complete red herring and a really -- how
25 is she supposed to do?

1 I guarantee you as sure as I'm standing here, if
2 she had showed emotion, if she had been hysterical, if
3 she had crawled all over the floor and bawled, cried,
4 big boohoo tears, which would be understandable that
5 they would be standing here saying she showed too much
6 emotion, it was an act.

7 You can listen to 911 call. You tell me if
8 that's fake. Who listens to that? Oh my god, oh my
9 God, oh my God. Over and over and over again. That's
10 not fake. That's because that's what's going on.

11 Her child is in distress in front of her eyes.
12 Does she give her emotions out to everyone? Is it --
13 everybody is different. Everybody responds
14 differently with strangers in times of stress.
15 Everyone doesn't have the same reaction. That is a --
16 that is a nothing. And I hope you won't pay any
17 attention to the supposed lack of emotion to great
18 pains to portray that over and over and over again.
19 How are you supposed to react when you get the
20 stunning news that your child is dead?

21 I agree. An awful lot of people would break
22 down, other people might shut down. I can't share
23 this pain with you. I can't even acknowledge my own
24 pain because it's so bad. I need to process this
25 somewhere else. Dr. Young who is the pediatric child

1 abuse expert and she is an expert, I don't question
2 that and she certainly knows one heck of a lot more
3 about medicine than and you will.

4 An expert doesn't mean perfect and the -- and the
5 Judge instructed you, but you can just, like any
6 witness, accept everything they say, not something
7 else.

8 You can decide she was demonstrably wrong --
9 demonstrably wrong about at least a couple of things.
10 She was wrong about missing appointments. She did in
11 fact get to the ophthalmologist and had no due follow
12 up, right?

13 And went in December, come back, it didn't say
14 when, but based on their use and -- and size, probably
15 three months. But she did do that. Well, that
16 would've been in March.

17 So they weren't due yet for that. And she called
18 the pediatrician, doesn't appear to be so, but it also
19 wasn't correct. She wasn't supposed to just talk to
20 the ophthalmologist, she'd already seen.

21 But regardless, there wasn't an appointment
22 missed there. Dr. Young was wrong about that because
23 she only had the records that law enforcement gave
24 her. They went as far as they wanted and they
25 stopped. She had discharge summaries from the

1 hospital, not their full medical records. I'm not
2 saying she overlooked anything, but she did not have
3 -- she was relying on other people's reports.

4 She was relying on the autopsy for review. And
5 when I'm talking about **Infant One**, she was talking relying
6 on the autopsy, she was relying on the discharge
7 summaries. She was relying on other reports, she was
8 relying on what law enforcement gave her. I'm not
9 suggesting law enforcement hid anything.

10 What I'm suggesting is they got their suspect,
11 they had their answer and they stopped. She was wrong
12 about fractures, at least two of them.

13 Again, she's relying on somebody else's. She's
14 looking at photographs, etc. He said, oh yeah,
15 there's a skull fracture. Dr. Monroe told you there's
16 no skull fracture. But he couldn't determine that
17 until he did internal microscopic examinations.

18 So again, something not obvious and even she
19 missed that, but Dr. Monroe clearly knows what he's
20 talking about. Said, look, I had to look a little bit
21 deeper. I thought I might have seen something, but
22 when I looked further, there was no fractures to the
23 skull and there was no fracture of the femur.

24 And they seem like a small thing, but she's wrong
25 about that. What else might she be wrong about?

1 She's a trained expert.

2 So when she says, this scratch or that scratch
3 couldn't have been done, without her explanation if
4 you looked at these photographs, would you be able to
5 tell for sure which abrasion, scratches, etc., could
6 have been caused by an infant with -- with long sharp
7 fingernails and which couldn't without her explaining
8 that to you before if you had just seen some of these
9 pictures?

10 So here --- here's an arm and here are these
11 marks. Tell me which ones could have been? She's an
12 expert -- not an expert. She said Dr. Young said not
13 at all uncommon to not have hair on the back of the
14 head.

15 And there might be like the -- that abrasion
16 could have been a pressure thing. In other words,
17 from almost like a bed sore, right?

18 You sometimes see an immobile patients who don't
19 get turned off enough or unable to turn off enough,
20 but if your child has that is born and that was
21 testimony from Breonte and her family court testimony.

22 If your child already has sparse hair. Do you
23 know -- do you necessarily notice it now as a little
24 more sparse?

25 So the appointments, again, the only appointment,

1 they said lack of medical care didn't do this didn't
2 do that. Well, we showed that in fact she did take
3 him to one follow up.

4 The only appointment they can tell you for sure
5 that they missed, that she missed was the --the
6 February shots. She took them for shots in November,
7 December, and January, missed in February. That's it.

8 So there's been a lot of talk about, she should
9 have done this -- she should have done that. She
10 should've done the other, but there's no indication
11 that she missed any at this point. And ladies and
12 gentlemen, Breonte Glasgow didn't cause the injury on
13 that child's head.

14 There's been no testimony or evidence that she
15 did. That's what caused **Infant One's** death. That's not
16 disputed.

17 As bad as it was, it was. It wasn't the
18 scratches, it wasn't flaking skin and the lack of
19 hair, it wasn't the weight. Thank goodness it wasn't.

20 The other boys were in a condition once they were
21 in proper care, someone in the right state, with the
22 right support, they did begin to gain weight and
23 that's wonderful.

24 Those things as difficult as they are, are not
25 what killed him. There's been no testimony there to

1 show anything wrong.

2 And so as difficult as it's the law requires that
3 the law says the State must prove to all of you beyond
4 a reasonable doubt that Breonte Glasgow caused
5 deliberately, intentionally, a deliberate act
6 culminating death, that injury not the other one. The
7 other I'd ask you return a verdict not guilty on
8 homicide by the child abuse.

9 JURY CHARGE

10 THE COURT: Thank you Mr. Fox. All right. Mr.
11 Foreman and ladies and gentlemen of the jury, you have
12 heard into the evidence and arguments of both parties.
13 I'll now explain the law which you will apply in this
14 case.

15 You and I have specific duties to perform. As
16 the trial Judge, it is my responsibility to preside
17 over this trial.

18 It's your responsibility to consider the
19 testimony that -- that has been presented from this
20 witness stand and the exhibits that have been
21 introduced.

22 I have the duty to charge the law applicable in
23 this case.

24 As the presiding judge, I'm the sole judge of the
25 law and it is your duty as jurors to accept and apply

1 the law as I'm now stating to you.

2 If you already have any idea as to what the law
3 is or what the law ought to be and it does not agree
4 with what I now tell you, the law is you must abandon
5 your idea because you are sworn to accept the law and
6 apply the law exactly as I stated to you.

7 Your duty is to determine the facts. In every
8 case, the jury is the sole and exclusive judge of the
9 facts.

10 A trial judge cannot suggest, state, comment on
11 or make any statement to a trial jury about the facts
12 in a case. Since you, the jury, are the sole judge of
13 the facts, you are not to infer from what I have said
14 during the progress of this trial and ruling upon the
15 admissibility of evidence or otherwise or anything
16 that I say.

17 Now, during the course of this instruction to you
18 that I have any opinion about the facts in this case,
19 the law does not allow me to have an opinion about the
20 facts.

21 This is a matter solely for you to determine. As
22 jurors, it is your duty to determine the effect, value
23 and weight of the evidence presented during this
24 trial.

25 The indictments charged the defendant with one

1 count of homicide by child abuse and two counts of
2 unlawful conduct towards a child.

3 The fact that the defendant was arrested,
4 charged, and indicted is not evidence and cannot be
5 considered by you as evidence of guilt nor does it
6 create any presumption or inference of guilt.

7 This indictment is simply the formal written
8 instrument which contains the charge made against the
9 defendant. It is the formal document by which this
10 case is brought into court.

11 The defendant has pled not guilty to the
12 indictments and that plea puts the burden on the State
13 to prove the defendant guilty beyond a reasonable
14 doubt.

15 A person charged with committing a criminal
16 offense in South Carolina is never required to prove
17 herself innocent.

18 I charge you that it is a guiding rule of the law
19 that the defendant in a criminal trial, no matter how
20 serious the charge is always presumed innocent of the
21 crime for which the indictment was issued unless guilt
22 is proven by evidence satisfying you, the jury, of
23 that guilt beyond a reasonable doubt.

24 This presumption of innocence does not end when
25 you begin your deliberations, but it accompanies the

1 defendant throughout the trial until you reach a
2 verdict of guilt based on evidence satisfying you of
3 that guilt beyond a reasonable doubt.

4 The presumption of innocence is like a robe of
5 righteousness placed above the shoulders of the
6 defendant, which remains with the defendant until it
7 has been stripped from the defendant by evidence
8 satisfying you of the defendant's guilt beyond a
9 reasonable doubt.

10 The presumption of innocence is not mere legal
11 theory. It is not just a legal phrase. It is a real
12 and substantial right to which every defendant is
13 entitled unless you, the jury, are satisfied from the
14 evidence of the defendant's guilt beyond a reasonable
15 doubt.

16 What is reasonable doubt in the law? A
17 reasonable doubt is the kind of doubt that would cause
18 a reasonable person to hesitate to act.

19 The State has the burden of establishing every
20 fact necessary to prove -- to prove the defendant
21 guilty beyond a reasonable doubt. The law presumes
22 every person charged with a crime to be innocent and
23 the burden of establishing guilt is placed solely on
24 the State.

25 Some of you have may -- may have served as jurors

1 in civil cases where you were told that it is only
2 necessary to prove that a fact is more likely true
3 than not true, such as by the greater rate of
4 preponderance of the evidence.

5 Other civil cases use the clear and convincing
6 evidence standards. In those cases, it is necessary
7 to prove that a fact is highly probable but this is a
8 criminal case and the State's proof must be more
9 powerful than those burdens of proof.

10 In criminal cases, the State's proof must be
11 beyond a reasonable doubt. Proof beyond a reasonable
12 doubt is proof that leaves you firmly convinced of the
13 defendant's guilt.

14 There are very few things in this world that we
15 know with absolute certainty and in criminal cases the
16 law does not require proof that overcomes every
17 possible doubt.

18 If based on your consideration of the evidence
19 you are firmly convinced that the defendant is guilty
20 of the crimes charged, you must find the defendant
21 guilty. The defendant is not required to prove her
22 innocence.

23 If on the other hand you think there is a real
24 possibility that the defendant is not guilty, you must
25 give the defendant the benefit of every reasonable

1 doubt and find her not guilty.

2 Necessarily, you must determine the credibility
3 of witnesses who have testified this week.
4 Credibility simply means believability.

5 It is your duty as jurors to analyze and evaluate
6 the evidence and determine which evidence convinces
7 you of its truth.

8 In determining the believability of witnesses who
9 have testified in this case, you may believe one
10 witness over several witnesses or several witnesses
11 over one witness.

12 You may believe a part of the testimony of a
13 witness and reject the remaining part of the testimony
14 of that same witness.

15 You may believe the testimony of a witness in its
16 entirety or reject the testimony of a witness in its
17 entirety.

18 You may consider whether any witness has
19 exhibited to you any interest, bias, prejudice, or
20 other motive in this case.

21 You may also consider the appearance and manner
22 of a witness while on the witness stand. In order to
23 establish criminal liability, criminal intent is
24 required.

25 For example, a mental State required to be proven

1 by the State for a particular crime might be purpose,
2 intent, knowledge, recklessness, or criminal
3 negligence.

4 Criminal intent must be proven by the State
5 beyond a reasonable doubt. Criminal intent is always
6 a matter that must be determined by the jury from the
7 circumstances existing at that time.

8 There is no way to prove intent to a mathematical
9 certainty. There is no way medical science can
10 dissect a person's brain and determine what the person
11 had in mind. So the law says that criminal intent may
12 be inferred from the circumstances shown to have
13 existed.

14 This is how you make a determination of whether
15 or not the element requiring intent was present. It
16 is not necessary to establish intent by direct and
17 positive evidence, but intent may be established by
18 inference in the same way as any other fact by taking
19 into consideration the acts of the parties and all the
20 facts and circumstances of the case.

21 Criminal intent is a mental state of conscience
22 wrongdoing. You must determine what the defendant
23 intended to do based on the circumstances existing at
24 that time.

25 Criminal intent can arise from action or a

1 failure to act. It may arise from negligence,
2 recklessness, or an indifference to duty or to
3 consequences that are considered by the law to be the
4 equivalent of criminal intent.

5 There are two types of evidence which are
6 generally presented during a trial, direct evidence,
7 and circumstantial evidence.

8 Direct evidence directly proves the existence of
9 a fact and is not the required deduction.

10 Circumstantial evidence is proof of a chain of facts
11 and circumstances indicating the existence of a fact.

12 The crimes may be proven by circumstantial
13 evidence. The law makes no distinction between the
14 weight or value to be given to either direct or
15 circumstantial evidence.

16 However, to the extent the State relies on
17 circumstantial evidence, the circumstances must be
18 consistent with each other and when taken together,
19 point conclusively to the guilt of the accused beyond
20 a reasonable doubt.

21 If these circumstances merely portray the
22 defendant's behavior as suspicious, the proof is
23 fatal, the State has the burden of proving the
24 defendant guilty beyond a reasonable doubt.

25 This burden rests with the State regardless of

1 whether the State relies on direct evidence,
2 circumstantial evidence, or some combination of the
3 two.

4 The rules of evidence ordinarily do not permit
5 witnesses to testify to their opinions or conclusions
6 and exception to this rule exist for witnesses we call
7 expert witnesses.

8 A witness who by education and experience has
9 become expert in some art science profession or
10 calling may state an opinion as to relevant and
11 material matter in which the witness claims to be an
12 expert and may also state the reasons for the opinion.

13 You should consider any expert opinion received
14 in evidence in this case and like any other evidence,
15 give it the weight you think it deserves.

16 If you decide the opinion of an expert witness is
17 not based on sufficient education and experience, or
18 if you conclude that the reasons given in support of
19 the opinion are not sound or that the opinion is
20 outweighed by other evidence, you may disregard the
21 opinion entirely -- entirely.

22 An expert witness's testimony is to be given no
23 greater weight than that of other witnesses simply
24 because the witness is an expert. Further, you are
25 not required to accept an expert's opinion even though

1 it is not contradictory.

2 I instruct you and emphasize to you that the fact
3 the defendant did not testify is not a factor to be
4 considered by you in any way in your deliberation and
5 in your consideration on the question of the guilt or
6 innocence of the defendant.

7 It must not be considered by you in any manner
8 whatsoever. A defendant has the constitutional right
9 to remain silent and the assertion of this right must
10 not be considered by you and your deliberations. I
11 repeat under your oath you are to draw no conclusion
12 whatsoever from the fact that the defendant did not
13 testify.

14 The fact that the defendant did not testify
15 should not even be discussed in the jury room. The
16 burden of proof as I have stated to you is on the
17 State.

18 A defendant is not required to prove his or her
19 innocence. The burden of proof remains on the State
20 to prove guilt beyond a reasonable doubt as to the
21 charge against the defendant.

22 The defendant is charged with homicide by child
23 abuse. The State must prove beyond a reasonable doubt
24 that the defendant caused the death of a child under
25 the age of 11 while committing child abuse or neglect.

1 Child abuse or neglect is an act or failure to
2 act which causes harm to the child's physical health
3 or welfare; harm to the child's physical health or
4 welfare means that the defendant either:

5 One, inflicted or allowed to be inflicted on the
6 child physical injury.

7 Two, failed to supply the child with adequate
8 food, clothing, shelter, or healthcare and this
9 failure caused a physical injury or condition which
10 caused death.

11 Or three, abandoned the child causing the child's
12 death.

13 The State must also prove beyond a reasonable
14 doubt that the death occurred under circumstances
15 showing an extreme indifference to human life.
16 Extreme indifference is in the nature of a culpable
17 mental State and therefore is akin to intent --
18 intent. That person acts under circumstances
19 manifesting extreme indifference to the value of human
20 life when engaging in deliberate conduct which
21 culminates in the death of some person.

22 Extreme indifference is a mental state akin to
23 intent characterized by a deliberate act culminating
24 in death.

25 The defendant is also charged with two counts of

1 unlawful conduct towards a child.

2 It is unlawful for a person who has charge or
3 custody of a child or who is the parent or guardian of
4 a child or who is responsible for the welfare of a
5 child to, one, place the child at unreasonable risk of
6 harm affecting the child's life, physical or mental
7 health or safety or to do or cause to be done
8 unlawfully or maliciously any bodily harm to the child
9 so that the life or health of the child is endangered
10 or likely to be endangered.

11 The State must prove beyond a reasonable doubt
12 that the defendant was the person responsible for the
13 child's welfare.

14 The State must also prove beyond a reasonable
15 doubt that the defendant placed the child at
16 unreasonable risk of harm affecting the child's life,
17 physical or mental health or safety or did or cause to
18 be done unlawfully or maliciously any bodily harm to
19 the child so that the life or health of the child is
20 endangered or likely to be endangered.

21 Where a person inflicts an injury on another
22 person, you must be convinced beyond a reasonable
23 doubt that the defendant's actions were the proximate
24 cause of the child's injuries.

25 Approximate cause is the direct cause. It is the

1 immediate cause; it is the efficient cause. It is
2 that cause without which the injury to the child would
3 not have resulted.

4 There must be a chain of causation from the
5 defendant's actions until the time of the child's
6 injuries. Approximate cause does not -- not
7 necessarily mean that it occurred immediately prior to
8 the injury.

9 There may be more than one proximate cause. The
10 acts of two or more persons may combine together to be
11 a proximate cause of the injury of a person. The
12 defendant's acts may be regarded as the proximate
13 cause if it is a contributing cause of the injury of
14 the child.

15 The fact that other causes also contribute to the
16 injury of the child does not relieve the defendant
17 from responsibility.

18 The defendant's acts need not be the sole cause
19 of the injury, but must be a proximate cause
20 contributing to the injury of the child.

21 Negligence on the part of someone else would not
22 relieve the defendant from criminal responsibility if
23 the actions of the defendant was the proximate cause
24 of the child's injury.

25 The defendant has been charged with multiple

1 charges; each charge constitutes a separate
2 allegation.

3 You must consider each count separately. That is
4 you must decide separately what the evidence in the
5 case shows about that count.

6 Your decision on one count should not affect your
7 decision on another count.

8 To that end, there are three separate questions
9 on the verdict form that you'll receive with the
10 exhibits there.

11 The first question is as to the minor child,
12 **Infant One**. It states: "We, the jury, unanimously find
13 the defendant, Breonte Alexandria Glasgow, as to the
14 charge of homicide by child abuse", and then it has a
15 place to circle either guilty or not guilty.

16 The second one states: "We, the jury, unanimously
17 find the defendant, Breonte Alexandria Glasgow, as to
18 the charge of unlawful conduct towards the child as to
19 **Infant Three**, guilty or not guilty."

20 And the last one is: "We, the jury, unanimously
21 find the defendant, Breonte Alexandria Glasgow, as to
22 the charge of unlawful conduct towards a child as to
23 **Infant Two**, the minor, guilty or not guilty.

24 Again, those are three separate charges that
25 you'll need to treat separately and come to a

1 unanimous verdict as to each of them.

2 I have declared the law to you through these
3 instructions to help guide you to a verdict. Whether
4 some of these instructions apply depends upon what you
5 find to be the facts.

6 The fact that I have instructed you on various
7 subjects in this case should not be taken as
8 indicating an opinion of this court as to what you
9 should find the facts to be or as to what your verdict
10 should be.

11 Your verdict must represent the considered
12 judgment of each juror.

13 In order to return a verdict, it is necessary
14 that each juror agree, your verdict must be unanimous.
15 All 12 of you must agree on the verdict.

16 Your verdict cannot be based on sympathy,
17 passion, prejudice, emotion, or any other
18 consideration not in evidence in this case.

19 Remember at all times you are not partisans
20 favoring one party over another.

21 You are the judges of the facts. Your sole
22 interest is to determine whether or not the State has
23 proven the defendant's guilt to the charges beyond a
24 reasonable doubt from the evidence presented to you in
25 this case.

1 Ladies and gentlemen, your verdict must be
2 unanimous. Mr. Foreman, the jury agree -- the jury
3 agrees once the jury agrees on the verdict, you will
4 complete the verdict form and sign your name as
5 foreperson in the back page, then knock on the jury
6 room door and inform the Bailiff that you had reached
7 a verdict. At that time we will receive you back into
8 the courtroom.

9 I ask that you now return to your jury room but
10 do not begin deliberations until you are told to do so
11 by the clerk or the Bailiff.

12 There are some matters that we must discuss --
13 must be discussed with the attorneys before you begin
14 your deliberations and we want to make sure that we
15 get all of the exhibits together in an order before we
16 send them back to you.

17 Anything -- any exceptions or issues with the
18 jury charges from the State?

19 MS. BROWDER: Not from the State.

20 THE COURT: Anything from the defense?

21 MR. FOX: No, Your Honor.

22 THE COURT: All right. Thank you. Ladies and
23 gentlemen, you may now be excused, but please do not
24 begin deliberations until you are instructed to do so.

25 (Jury leaves the courtroom.)

1 THE COURT: All right. Let the record reflect
2 the jury is now out of the -- the courtroom. I know I
3 asked y'all about the jury charges. Nobody had any
4 issues or objections with them.

5 Is there anything else that -- any issues that we
6 need to deal with before sending -- sending the
7 exhibits and the verdict form back to the jury and
8 releasing the alternates? From the State?

9 MS. BROWDER: No, sir.

10 THE COURT: From the defendant?

11 MR. FOX: No, Your Honor.

12 THE COURT: All right. If y'all will please, I
13 expect that all the exhibits are down here, but I
14 think some of you -- some of them were used later on.

15 If y'all want to have somebody come up and just
16 make sure that everything is there, that y'all agree
17 on the exhibits that they're in order.

18 (Off the record conversations.)

19 (Alternate jurors enter the courtroom.)

20 THE COURT: I want to thank you so much for
21 serving as alternates this week. This is always a
22 bittersweet moment. I know y'all have paid very close
23 attention. This has been a -- a very -- a long case
24 and a -- and a tough case. But we couldn't have a
25 trial without alternates.

1 We were just discussing, I've had several trials
2 where we've lost two different jurors and had we not
3 had the alternates, it would've been a mistrial.

4 We have to start everything all over. But in
5 this case, we haven't lost anybody to sickness or any
6 kind of other conflict, and so we'll be able to excuse
7 you now from your jury service.

8 Again, I know that you've worked just as hard as
9 everybody else, paid just as close of attention and on
10 behalf of certainly the Court and the parties and the
11 lawyers, we greatly thank you for your service this
12 week.

13 It's been a tremendous help to us and we wouldn't
14 have been able to finish it without you. So thank you
15 very much. We really appreciate it. Y'all take care.
16 Yes.

17 (Alternate jurors released.)

18 MS. BROWDER: Got you.

19 THE COURT: All right. We'll stand in recess.
20 What's that? I wish I could say it's a new record for
21 us. It seems like --

22 MS. BROWDER: Hold on. Hold on.

23 THE COURT: I don't know about y'all, but it used
24 to be you get maybe one question, you know, about some
25 other -- but now we had one in -- we had a murder case

1 in Charleston where I think we had 17 or 18 questions
2 and it was driving us absolutely crazy. Do y'all want
3 to get the -- I will read this and then y'all tell me
4 if you want to get her in here or not.

5 It says, "Definition of homicide by child abuse,
6 definition of unlawful conduct towards a child." I
7 mean, of course those were directly in the -- the jury
8 charges. I'm happy to do that. Or I can send just
9 the charges back. Y'all tell me how you would like to
10 handle.

11 Well, first of all, do you want to have the --
12 the defendant in here for this? If you do, that's
13 fine. If you don't, that's fine. I just --

14 MR. FOX: No, Judge that rule up there, I think
15 that's fine.

16 THE COURT: Okay.

17 MR. FOX: Over the circumstances.

18 THE COURT: And how do y'all want to handle this?
19 Do you want me to bring them back in and charge those
20 again or do you want me to send back?

21 MS. BROWDER: I'm fine sending the whole charge
22 back because, you know, there's going to be another
23 question. Can we hear that again?

24 THE COURT: Some judges send them back just as a
25 matter of practice. I don't do that. If the party --

1 if they ask -- keep asking for these kinds of things
2 that are covered by them and both sides agree, I'll
3 send them back, either in part or in whole.

4 MR. FOX: Judge, my general preference has been
5 to -- to have recharge. If you're done, bring them
6 back in. If you just on the -- on the specific things
7 they ask for. So that would be my request, I suppose,
8 but frankly, I don't have any strong objection. If
9 you want to send back just on those two requests.

10 THE COURT: Okay. Let me see.

11 MR. FOX: Not charged, they haven't asked you for
12 a charge.

13 THE COURT: Right. It -- let me see where this
14 is. This would be back in -- okay. You don't have a
15 preference to sending them back or just sending the
16 two back or having them come in? I love it when
17 everybody is real firm on their position.

18 MS. BROWDER: If it's my choice, I would say
19 everything.

20 THE COURT: Right. Right.

21 MS. BROWDER: It really does not.

22 MR. FOX: And Your Honor, that would include the
23 extreme indifference charges.

24 THE COURT: Well, see, that's why I'm -- that --
25 that's why I like to either send them all back or none

1 because then you say, well, then I want a
2 preponderance of the evidence and I know I want this
3 defense and that defense.

4 MR. FOX: So, well, I think the extreme
5 indifference was part of the homicide by child abuse.

6 THE COURT: Right. I'll tell you what, I'm --
7 I'm going to send -- I'm going to send them. I'll
8 either bring them out and charge them those, or I'll
9 send the whole charge back because I don't want to do
10 it piecemeal. Because then they'll come back and say,
11 well, I thought there was something in there that, you
12 know, about a righteousness or something.

13 I got to send that back and then, you know,
14 whatever. So I -- I'll either bring them in and
15 charge them on those two things or I will send all
16 these back. What do you want to do?

17 MR. FOX: Bring them in. And I just want
18 clarify, will we -- as part of the homicide by child
19 abuse, because the definition of extreme indifference
20 is, I would say, a part of that. And so I would ask
21 that be a part of what you read. That definition is
22 part of the homicide by child abuse charge or section.

23 THE COURT: All right. It looks like that --
24 that's page that would -- that would be pages 17
25 through 21, if y'all want to look at that. And so Mr.

1 Fox, you would be okay with bringing them in and
2 charging them or sending back pages 17 to 21? Either
3 one.

4 MR. FOX: I would, yeah. My only objection I --
5 I personally don't love to have the entire jury -- the
6 entire charge written and sent back. If you're
7 talking about just those two.

8 THE COURT: Look at pages -- if y'all will both
9 look at this, it might -- this might satisfy both of
10 y'all. But again, I'll -- if y'all can't agree, I'll
11 make a decision. But Page 17 is the Homicide by Child
12 Abuse or Neglect Statute. That's two pages. The next
13 is the -- okay, so that's 17 and 18. Right after that
14 is the -- is the indifference. Then is unlawful
15 conduct and that's just the run on of that statute?

16 MR. FOX: No, I don't -- I think that's fine.

17 THE COURT: Are y'all okay with just sending
18 those -- just this section 17 to 21 back?

19 MR. FOX: Yes, sir.

20 MS. BROWDER: That's fine, Your Honor.

21 THE COURT: Okay. All right. Since we're both
22 able to agree on that, pages 17, 18, 19, 20, and 21
23 will be sent back to the jury. And I will -- so I'll
24 send this back and mark the -- and I'll mark the note
25 as a Court's Exhibit if y'all want to see it. I

1 mean, I read it verbatim, but in -- just in case you
2 want to see that. And I'll also -- I guess I'll mark
3 the pages that I'm sending back as a Court Exhibit.

4 MR. FOX: Yes, sir.

5 THE COURT: So the note that they sent will be
6 Court's Exhibit Number 8 and there was pages 17 to 21
7 that we'll send back will be Court's Exhibit Number 9.
8 Yeah.

9 We'll have to check the record and see if this --
10 see if this is a record time. We just keep this one.

11 All right. Anything else before we stand down
12 from the State?

13 MS. BROWDER: No, sir.

14 THE COURT: All right. From the defense?

15 MR. FOX: No, Your Honor.

16 THE COURT: All right. Thank y'all.

17 (The jury began deliberating at 3:35pm to 4:45pm)

18 **THE VERDICT**

19 THE COURT: Thank y'all very much. Please be
20 seated.

21 THE BALIFF: As -- don't forget about the cell
22 phones, make sure they're turned off.

23 THE COURT: As the Bailiff said, please check
24 your cell phones, make sure that they're off. This is
25 -- also, I want to remind everybody that's in the

1 gallery that when the jury comes out it -- when the
2 verdict is published, there's to be nothing, not any
3 standing up, jumping around, comments, anything. If
4 you do, I'll clear the courtroom.

5 All right. I'm told that we have a verdict. Is
6 there anything from the State before we bring the jury
7 in?

8 MS. BROWDER: No, sir.

9 THE COURT: Anything from the defense?

10 MR. FOX: No, Your Honor.

11 THE COURT: All right. When it comes in, the --
12 the Clerk will hand me the verdict form. I'll look at
13 it to check and make sure that it's in the proper
14 format. Then I'll hand it to the Clerk to be
15 published. All right. You may bring the jury in.

16 (Jury enters the courtroom.)

17 THE BALIFF: Jury is all seated, Your Honor.

18 THE COURT: Thank you. Thank you, ladies, and
19 gentlemen. Mr. Foreman, I'm told that jury has
20 reached a unanimous verdict; is that right?

21 MR. FOREMAN: Yes, sir.

22 THE COURT: All right. If you would please hand
23 the verdict form to the Bailiff. All right. I find
24 that the verdict form is in the proper format, if you
25 would please, ma'am.

1 MADAM CLERK: Yes, Your Honor.

2 The State of South Carolina, County of Richland,
3 in the Court of General Sessions, Fifth Judicial
4 Circuit.

5 Indictment numbers 2023-GS-40-09405, 2023-GS-40-
6 09409, 2023-GS-40-09412, *State of South Carolina*
7 *versus Breonte Alexandria Glasgow, Defendant.*

8 Verdict One:

9 We, the jury, unanimously find the defendant,
10 Breonte Alexandria Glasgow, as to the charge of
11 Homicide by Child Abuse, guilty.

12 Two:

13 We, the jury, unanimously find the defendant,
14 Breonte Alexandria Glasgow, as to the charge of
15 Unlawful Conduct Towards the Child as to **Infant Three**
16 guilty.

17 Three:

18 We, the jury, unanimously find the defendant,
19 Breonte Alexandria Glasgow, as to the charge of
20 Unlawful Conduct with the Child as to **Infant Two** guilty.

21 Signed: Juror Number Nine, as Foreman, on May
22 15th, 2025.

23 Mr. Foreman, are these your verdicts and the
24 verdicts of the entire jury?

25 MR. FOREMAN: Yes, ma'am.

1 THE COURT: All right. Anything from the State?

2 MS. BROWDER: No, sir.

3 THE COURT: Anything from the defense?

4 MR. FOX: Yes, Your Honor. At this time we would
5 renew all previous motions and objections.

6 THE COURT: All right. Yes, sir. All right.

7 MR. FOX: We would request the jury be polled,
8 Your Honor.

9 THE COURT: Yes, sir.

10 MR. FOX: Thank you.

11 THE COURT: Madam Clerk?

12 MADAM CLERK: Yes, Your Honor.

13 Ladies and gentlemen of the jury, I'm going to ask you
14 two questions relating to your verdicts. As I call
15 your number, please answer yes or no to both
16 questions.

17 Juror Number 9, were these your verdicts?

18 JUROR 9: Yes.

19 MADAM CLERK: Are these still your verdicts?

20 JUROR 9: Yes.

21 MADAM CLERK: Juror Number 189, were these your
22 verdicts?

23 MADAM 189: Yes.

24 MADAM CLERK: Are these still your verdicts?

25 JUROR 189: Yes.

1 MADAM CLERK: Juror Number 48, were these your
2 verdicts?

3 JUROR 48: Yes.

4 MADAM CLERK: Are these still your verdicts?

5 JUROR 48: Yes.

6 MADAM CLERK: Juror Number 334, were these your
7 verdicts?

8 JUROR 334: Yes.

9 MADAM CLERK: Are these still your verdicts?

10 JUROR 334: Yes.

11 MADAM CLERK: Juror Number 125, were these your
12 verdicts?

13 JUROR 125: Yes.

14 MADAM CLERK: Are they still your verdicts?

15 JUROR 125: Yes.

16 MADAM CLERK: Juror Number 351, were these your
17 verdicts?

18 JUROR 351: Yes.

19 MADAM CLERK: Are they still your verdicts?

20 JUROR 351: Yes.

21 MADAM CLERK: Juror Number 295, were these your
22 verdicts?

23 JUROR 295: Yes.

24 MADAM CLERK: Are these still your verdicts?

25 JUROR 295: Yes.

1 MADAM CLERK: Juror Number 7, were these your
2 verdicts?

3 JUROR 7: Yes.

4 MADAM CLERK: Are these still your verdicts?

5 JUROR 7: Yes.

6 MADAM CLERK: Juror Number 287, were these your
7 verdicts?

8 JUROR 287: Yes.

9 MADAM CLERK: Are they still your verdicts?

10 JUROR 287: Yes.

11 MADAM CLERK: Juror Number 18, were these your
12 verdicts?

13 JUROR 18: Yes.

14 MADAM CLERK: Are these still your verdicts?

15 JUROR 18: Yes.

16 MADAM CLERK: Juror Number 133, were these your
17 verdicts?

18 JUROR 133: Yes.

19 THE COURT: Are these still your verdicts?

20 JUROR 133: Yes.

21 MADAM CLERK: And juror Number 184, were these
22 your verdicts?

23 JUROR 184: Yes.

24 MADAM CLERK: Are these still your verdicts?

25 JUROR 184: Yes.

1 MADAM CLERK: Thank you. Jury has been polled,
2 Your Honor.

3 THE COURT: Thank you, Madam Clerk. Ladies and
4 gentlemen, I want to thank you very much for your
5 participation here this week. It's been a long case.

6 It's a difficult case. I know that all of you
7 have paid very close attention to all the evidence,
8 all the arguments, and all the witnesses in this case.

9 As we mentioned beforehand, this system cannot
10 work without you. The most integral part of this
11 judicial system, the coming together of people from
12 different backgrounds serving on one jury to determine
13 a question like this is at the heart of our judicial
14 system and we all greatly thank you for it.

15 I also want to let you know that -- that now that
16 your service has ended, you have the right to either
17 refuse to discuss the verdict you've rendered or to
18 discuss the verdict as much as you want. It's your
19 choice, no one else's.

20 If you choose to discuss the verdict, you are
21 free to stop discussing it at any point. If the
22 person with whom you are speaking tries to continue a
23 discussion of the verdict after you've stated you do
24 not wish to discuss it any further, or if anybody
25 bothers you about it after you've refused to discuss

1 the verdict, please report that to the Clerk of Court
2 and I will take care of it.

3 You've done a great service to the community here
4 this week and we greatly appreciate it. We wish you
5 the best and at this time you will be discharged.
6 Thank you very much.

7 (Jury exits the courtroom.)

8 THE COURT: Take a brief recess. Just -- just
9 five minutes.

10 MS. BROWDER: Thank you, Your Honor.

11 (Recess was taken.)

12 THE COURT: All right. We will now -- I've
13 gotten the sentencing sheet, so I'll be glad to hear
14 both parties as to the issue of sentencing. Ms.
15 Browder.

16 MS. BROWDER: Thank you, Your Honor. From the
17 State, we're not going to go back through the facts,
18 obviously the facts speak for themselves in this case.

19 She does have a prior record of 2017, burglary,
20 third degree. I'm going to let Ms. Bailey Polson
21 would like to address the Court, Your Honor, regarding
22 sentencing and after she speaks, I'll --

23 THE COURT: Who is that? I'm sorry.

24 MS. BROWDER: Ms. Polson.

25 THE COURT: Okay. Yes ma'am.

1 MS. BROWDER: I'll finish up.

2 THE COURT: Yes, ma'am. All right. Is that the
3 -- is that the only prior conviction or plea?

4 MS. BROWDER: Yes, sir.

5 THE COURT: All right. Thank you, ma'am. Yes.
6 Ms. Polson, I'll be glad to hear from you, ma'am.

7 MS. POLSON: I'm Bailey Polson and I'm a doctor
8 and a mom to **Infant Two** and **Infant Three** and I really just want
9 to stand before you because my kids can't be here
10 today to speak for themselves.

11 And as you think about your sentencing, Judge, I
12 really want you to think about my babies. I don't
13 want you to think about the things that you saw, but I
14 also want you to think about the things that you
15 didn't see because we have to take **Sister** to therapy
16 every week for the things that she saw and that she
17 endured. And she probably won't function like a
18 normal child.

19 We deal with trauma behaviors and we deal with
20 things that people can't see. When you see us walking
21 down the street, our kids doing things that are not
22 visible and things that are, and I hate that he ended
23 up in this place, but I want you to know that we see
24 **Infant One** as their hero and in our house, you'll never be
25 forgotten. And when you make that sentence judgement,

1 think about everything you saw and everything you
2 can't see. That's what I wanted to say.

3 THE COURT: Yes, ma'am. Thank you,

4 MS. BROWDER: Your Honor, obviously the things
5 you did see were extremely egregious. The video
6 itself just shows Ms. Glasgow's callousness when it
7 comes to just **Infant One** in that case.

8 And she does, as you've seen the entire 18-minute
9 video, Your Honor, scans to the other children and
10 makes comments towards them as well.

11 And then the fact that over the course of those
12 two months, this was not something that just happened
13 one time.

14 It's something that was crying and in that span
15 of two months, they were only eight months old, Your
16 Honor, that was a quarter of their life, that they
17 spent, at least that we know of, starving and not
18 getting taken care of. So we are asking, Your Honor.

19 THE COURT: Yes, ma'am. Thank you. All right.
20 I'd be happy to hear from the defense, Mr. Fox. Happy
21 to hear from you, sir.

22 MR. FOX: Thank you, Your Honor. If it please
23 the Court, I'm going to address a few issues and Ms.
24 Coley has a few other things, too.

25 THE COURT: Certainly.

1 MR. FOX: She's more familiar with these things -
2 - discussed with Ms. Glasgow.

3 Judge, you heard Ms. Glasgow's minimal prior
4 records. She's a Columbia native. She went to
5 Richland high school here, Richland Northeast. She
6 was in the pre-college program, actually earned an
7 associate's degree before -- you know, upon graduating
8 from high school.

9 She was an honor student. She was a -- a prom
10 queen. She was a very popular and successful student.
11 Everyone that I've talked to about Bre, family,
12 friends, everyone has been absolutely gobsmacked that
13 -- that anything like this ever happened. That is not
14 the person they knew at all.

15 Not just when she was -- before she was a parent,
16 but when she was a parent up until about January of --
17 of 2023, things very clearly took a very bad turn.
18 There was no issues, no question about her raising of
19 -- of her daughter, **Sister**.

20 You heard Makala Greene say yesterday that at one
21 point in her own life when she had difficulty, she put
22 her eight-month-old daughter in Breonte's care for a
23 while.

24 Not just a few days, but for a few weeks or so.
25 Had no -- no hesitation to do so and no worries

1 afterwards, no concerns of anything bad had happened
2 since.

3 Her family, every single I've been in touch with
4 maybe seven or eight of them, and many have been in
5 court this week; her grandmothers and aunts and uncles
6 and great aunts.

7 And they absolutely do not understand or cannot
8 believe that this is the same person that they're
9 hearing about in court.

10 It's not contested that the first few months of
11 these babies lies in court. Initially they were in
12 jail -- gosh, in the hospital first in North Carolina
13 and then down here that they were several months old
14 before they were able to come home.

15 But they were home for several months. October,
16 November, December and into January. Things were
17 going well. They were gaining weight. They were
18 extremely small. Your Honor has heard that, they were
19 extremely young.

20 They were a pound when they were born. I imagine
21 they would've fit in the palm of your hand, not much
22 more. And they did gain. And that continued.

23 They were stabilized under medical care. But
24 once they came home, they continued to gain weight,
25 they continued to be okay. She was making the

1 appointments.

2 Something changed in January and it's not an
3 excuse, it doesn't provide, you know, a defense to
4 what's happened, but had the problems and separated.

5 They weren't living together. But, you know, the
6 father now is not in their life. He was providing
7 some assistance, babysitting, childcare, etc.,
8 financial assistance. That stopped.

9 She did start back to work. She did choose not
10 to testify. We didn't have another means to get into
11 it, but she was working outside the home. She worked
12 from home. You've seen the workstation. That's true.

13 But she also worked in the evening pretty much
14 every single evening doing hair, doing braids. She
15 was highly sought after. That's what some of the
16 phone calls and text messages you got, "hey, can I
17 come around in an hour?"

18 That's from her -- from her side job. She was
19 doing pretty well with that. So she was going
20 literally from sun up way past it. She was going 18
21 hours a day.

22 She would often not be back home until late at
23 night on the days when she was working outside the
24 home. And that's why Makala Greene was in. I know
25 what Ms. Greene said on the stand. And I asked and

1 she gave her answer, but I firmly believe she was
2 there more than once or twice a week. However, that
3 does not change Ms. Glasgow's responsibilities as a
4 parent.

5 But that's one thing, when she goes back to work,
6 when the father is now absent, when she's trying to
7 juggle all these things with four children under the
8 age of a year and a half, unimaginable, doesn't
9 provide an excuse.

10 It's not -- she would -- did not ask for -- and
11 that's the point where she stops asking for help. So
12 the family would say and tell you, they would say,
13 Bre, you know, is everything okay? I'm fine. I can
14 do it.

15 She told Makala Greene the same thing. I'm fine.
16 I can do it. Well, she wasn't, she clearly wasn't.
17 She clearly couldn't. People that were fine, don't
18 make that video.

19 There's no justification for that. There's no
20 explanation. You don't mean to minimize it in any
21 way. I imagined this case was over the minute that
22 video was played, and I imagined that the outcome was
23 determined, but a person operating in anything close
24 to a normal state of mind does not do that.

25 Clearly, she had some things going on. Can I say

1 definitively it was postpartum depression and that dad
2 excused it? No. But clearly, because there was
3 nothing to indicate anything in her life, nothing in
4 his children's first few months of life that indicated
5 that she had anything like that in her.

6 So I ask Your Honor to keep that in mind. My
7 grandmother used to say to me, a little bit of mercy
8 makes the world less cold and -- and more just.
9 Vengeance is frankly the easier route.

10 But I know your sentence will not be based on any
11 sense of vengeance. I know that, Your Honor. But the
12 difficult thing is to show mercy maybe when mercy is
13 least deserved. That's what we're asking for
14 something much less than a life sentence. She had her
15 chance and it was discussed very much to plead guilty
16 and there was an offer.

17 And I -- and I say this only because, to make
18 Your Honor aware that as recently as just a few weeks
19 ago, the State knowing everything that they know,
20 everything that was presented this week, nothing new
21 as recently as just a few weeks ago, they were able to
22 live with under all circumstances, a cap of 30 years
23 plea to homicide by child abuse. Plead as charged to
24 all three, but a cap of 30 years.

25 Now, Ms. Glasgow, that was discussed with her.

1 She was in court. Judge went over that with her. She
2 did not do that.

3 And I bring that up only not to cast any
4 dispersion on the Solicitors, but simply that
5 everyone, and of course they were consulted with the
6 Polson, with law enforcement, with everyone involved
7 in this case, with DSS.

8 And their conclusion was, that's a verdict. That
9 is -- that's a sentence that would be just and I don't
10 -- and nothing has changed. Not one thing has
11 changed. You had a trial.

12 That's the only thing has changed. So I
13 appreciate Your Honor's attention and consideration.
14 Ms. Coley has some things she'd like to bring to the
15 Court's attention.

16 THE COURT: Yes, sir. Thank you, Mr. Fox. Ms.
17 Coley.

18 MS. COLEY: Thank you, Your Honor. May it please
19 the Court. I have had privilege with meeting with Bre
20 on hours in case she had decided to testify in this
21 case. Sorry.

22 I don't mean to get emotional. Bre has had a --
23 a hard life. She has been privileged, like Mr. Fox
24 went over, that she did graduate with an associate's
25 degree in sociology. But she started working at 15.

1 I know most other people, that's around the time
2 they start their jobs. But for her it was a little
3 bit different.

4 She was -- once she graduated, started providing
5 for herself, she got her hair braiding license and
6 started working at the salon in Columbia and then
7 moved on to some call center jobs, which is what she
8 was doing at the time of this incident.

9 She had switched to various roles with various
10 companies, but at this point had been working for
11 about seven years with financial transaction company
12 doing phone calls with clients, helping them with
13 credit scores and answering calls like that.

14 As I mentioned in my opening, she waited until
15 she was a little older to have kids. She always knew
16 she wanted a family, but she wanted to have the
17 stability of a family.

18 And at the time when she got pregnant the first
19 time, she and Jasper were in a committed relationship
20 and they found out that they miscarried twins. And
21 she was upset by that, very upset by that.

22 But because of the stigma of mental health,
23 didn't seek help for that. Thought that -- she had to
24 do it on her own. Because that's what she'd been
25 doing for most of her life. So then they go on and

1 they were able to have **Sister** and she was over the moon
2 about **Sister**.

3 She was able to plan a gender reveal and decorate
4 her room with her family and friends and have a
5 community surrounding her. And finally felt like this
6 was it. This was being a mom. She was very excited
7 and a very jovial mom. Her family has said that over
8 and over.

9 But six to eight weeks after having **Sister**, she
10 found out she was pregnant with quadruplets naturally.
11 This wasn't a case where she went to seek out to have
12 multiples.

13 It was just -- it happened and she was very
14 excited about it. And so was Jasper. Because at that
15 point, they were still in a committed relationship
16 together in Charlotte.

17 A few weeks into -- or a few months into the
18 pregnancy, she had had some bleeding and went to the
19 doctor to get checked out. And the doctors told her
20 she miscarried.

21 And she was heartbroken by that, but still
22 excited to have the triplets. And then she, at 24
23 weeks, went into the hospital because she was having
24 cramps and ended up having to have a c-section, an
25 emergency c-section to deliver the babies and was put

1 under anesthesia, an epidural or whatever.

2 But essentially hadn't been told that she --
3 until that day that she had actually delivered fourth
4 one and it was a stillborn. And she was heartbroken
5 that nobody had updated her about that. Despite
6 having gone to many prenatal appointments. Nobody had
7 talked to her about it.

8 But at the same time, she didn't have time for
9 herself to grieve that loss because she had other kids
10 she had to take care of.

11 And she did get some maternity leave, but it was
12 during the time when the babies were in the NICU. So
13 she really didn't have that time to be with her kids
14 like a normal parent would to establish that baseline
15 relationship with them.

16 And she was going every week, multiple times a
17 week. She and Jasper would make sure that they were
18 there for the babies, taking them breast milk, just
19 going to check in on them.

20 And she told me that the hospital in North
21 Carolina did a phenomenal job of that because she
22 could watch and check in on her kids from her phone at
23 any time of the day whenever she wanted.

24 If she woke up at 4:00 a.m. concerned about them,
25 she could look at them.

1 The nurses would call her with constant updates.
2 She was a very involved parent and checking in on
3 those kids.

4 And then when they were switched a little bit
5 into that time while they were in the NICU, her and
6 Jasper's relationship broke at that point.

7 He still wanted to be involved, but at that point
8 she decided to move down to Columbia to be closer to
9 her family, to get help that she needed with the boys
10 and -- and **Sister** also to move into a bigger space like
11 they noted during the course of this trial.

12 It was a three-bedroom apartment that she was
13 able to have room for **Sister** and the -- in one room the
14 boys, and another, her own space.

15 And when they were released from the hospital, as
16 you've heard, although the doctor said sometimes they
17 have a social worker check in to people, they just
18 give you the babies and they say, "Go home. Good
19 luck." With Tylenol and some multivitamins.

20 And I understand there were follow up
21 appointments, but like Mr. Fox has said, at that
22 point, she had a one-year-old and three babies. And
23 no -- she was living by herself.

24 And although her family was here, they had their
25 own lives and their own things that they had

1 priorities.

2 And Bre is a very independent person. She also
3 -- something that wasn't mentioned was that she also
4 is very germophobic. I don't know if that's the
5 appropriate term.

6 She hasn't been diagnosed with anything like
7 that, but as you can see, she's been wearing her COVID
8 mask. She had two family members die during COVID and
9 kept **Sister** away from other people for eight months of
10 her life.

11 So that was kind of her intention and why she
12 didn't want as many people to come over at first. And
13 I think that that's a regrettable thing now. And not
14 asking for more help.

15 But at the same time, she didn't want to expose
16 her kids to COVID or RSV or anything like that, that
17 could make them more susceptible since they were
18 already preemies and already had other things that
19 they had to check in on and things like that.

20 I think something else like Mr. Fox mentioned, in
21 the same way that she thought that she didn't need
22 help after she miscarried twins.

23 I think that she didn't think that she needed
24 help when she had delivered or was doing all of this
25 and struggling.

1 I don't think that that's something that's talked
2 about enough is postpartum for mothers is a very real
3 condition. And unfortunately in some communities, in
4 some areas, you don't have the luxury to take that
5 time for yourself to get a diagnosis in the first
6 place.

7 And so I think that that's the reason why we
8 don't have anything here. And additionally, she --
9 part of the reason that would've been explained had
10 she potentially testified, which we decided not to, at
11 that first checkup appointment after the babies were
12 released from the hospital, Bre had some concerns that
13 she brought up with the doctor about feeding and not
14 being able to keep it down.

15 An indentation on **Infant One's** head specifically and
16 just some other things. And the doctors were very
17 dismissive with her.

18 Were -- to the point where she felt she needed to
19 ask for a different doctor at that practice because
20 her concerns weren't being listened to and weren't
21 being addressed or taken seriously.

22 And she told me that they told her that the --
23 the only other doctor in the practice or the other
24 doctor in the practice was not available until a few
25 months later.

1 And so that's why she went to somewhere else to
2 get those shots, to make sure that there were checkups
3 to provide the kids with those things. But what --
4 trying to switch to a doctor that would address those
5 concerns.

6 And additionally, Bre and I talked a lot too
7 about the missed appointment in February for their,
8 their shots because she understood it was a routine
9 thing.

10 But she didn't -- and I -- it really struck me
11 when we were talking about all of this that she had to
12 clarify. She's not -- nobody in her family is
13 medical.

14 She doesn't have a medical background. She had
15 to clarify who the doctor was when we were talking
16 about the incident because she didn't know. She --
17 when I asked her why she didn't send some -- because
18 she told me she was sick on the day of the appointment
19 in February and that she was going to try to
20 reschedule it.

21 But I asked her why she didn't send somebody
22 else, why she didn't send Jasper, the father, to take
23 the kids for them. And she said, I didn't know I
24 could do that. I'm a mom. I thought I had to do it
25 by myself.

1 And I think that that statement kind of
2 encapsulates this case. Like Mr. Fox said, these
3 things can't be excused. There's a deceased child in
4 this case, and that has severely affected her.

5 But I think that it's also kind of a societal
6 failure in a way for not acknowledging things or
7 making things more accessible to people that are in
8 these situations.

9 And I don't know if this affects anything, but
10 when she was -- did go to Alvin S. Glenn, as you know,
11 it's a horrible, horrible place that's understanding
12 it a lot -- but when she was initially put in jail for
13 these charges, a guard left her in the intake cell --
14 cell and allowed a male inmate to go in and sexually
15 assault her. Said, "have at it."

16 And she -- since being in jail, has been
17 diagnosed with PTSD. She's gotten some diagnosis that
18 she didn't have access to outside of the jail.

19 And it's terrible that that's what our society
20 has come to is getting medical care for yourself in
21 jail and not outside of it.

22 But I think that all of these things go to show
23 that none of this was intentional and in a different
24 world in a different scenario, it wouldn't have
25 happened. She loves her kids very much and I just

1 really hope that you consider all of that when you are
2 sentencing her.

3 THE COURT: Yes, ma'am. Thank you, Ms. Coley.
4 Does your client wish to say anything or --

5 MS. COLEY: I don't believe so.

6 THE COURT: Okay.

7 MS. COLEY: But her grandmother would like to
8 speak.

9 THE COURT: I'll be happy to hear from anybody
10 that -- that would like to speak for her. Yes, ma'am.
11 If you would, please. The Bailiff will give you a
12 microphone. If you will state your full name and then
13 I'll be happy to hear anything that you have to say.

14 MS. GANTT: My name is Erling Gantt. I'm
15 Breonte's grandmother. She calls me nanny. I frankly
16 raised her. No, I -- I'm -- there's no excuse for
17 what has happened, but she is a good child. She has
18 always been.

19 My heart is hurting because those were my great
20 great grands. I had the opportunity to see them on Sister
21 -- Sister's birthday, first birthday. I was able to
22 hold them, take pictures with them. There's so much
23 has been said, Your Honor.

24 And I don't totally agree with it because I saw
25 things for myself. I work at a daycare and it just

1 hurts me to see the babies. I work with the two years
2 old and I can't be there for my own.

3 And it hurts because they've been taken away from
4 me. They are my blood. I know what love is. They're
5 not -- they're a part of me.

6 My heart and my prayers goes out to them because
7 only God knows what took place. We're not in the
8 position to judge, but God is going to do the judging.

9 And I just want you to know that she did have
10 support. She's somewhat like me. I just had my -- my
11 shoulder totally replaced two weeks ago. I've been by
12 myself taking care of myself. Independent. Realizing
13 you can't do it by yourself.

14 You got to reach out for their help. But I've
15 been pressing my way here to support her because she
16 is my blood and I do love her.

17 And I just ask the Court to have mercy on her
18 because she's a good child. She's a good person.
19 There was a mistake made and like I said, God -- God
20 is going to give account.

21 She got to give an account for it. But I ask you
22 to have mercy on her.

23 THE COURT: Yes, ma'am. Thank you, Ms. Gantt.

24 MS. GANTT: Thank you, sir.

25 THE COURT: Anything further from the defense?

1 MR. FOX: No, Your Honor.

2 THE COURT: All right. Anything further from the
3 State?

4 MS. BROWDER: Yes, sir, Your Honor. Just in
5 response and not to be insensitive, I definitely
6 acknowledge that it's very hard to be a mother, as a
7 mother myself. But being a mother is to help these
8 little children that are helpless. They can't help
9 themselves.

10 And there are plenty of women in this world who
11 have postpartum depression and it's not something that
12 should be taken lightly at all.

13 There are plenty of women in this world who don't
14 have help and are single mothers, but those women
15 don't kill their children. And I do want to hand up,
16 this is just one of several text messages that were on
17 her phone where she acknowledges when people ask her,
18 do you have postpartum? Do you have something going
19 on?

20 And this particular one says, Your Honor,
21 postpartum, it isn't real over here. There are
22 multiple text messages that she's very clear she can
23 take care of her children by herself. That is what
24 she's doing.

25 And that postpartum is not something that applies

1 to her. We are just asking Your Honor to take that
2 into consideration. She is constantly taking selfies
3 on her phone, both after **Infant One** died and continuously,
4 of course, there's a lot of stuff on the phone.

5 We can't or wouldn't be admissible during her
6 trial, but her phone is pretty much about her. It's
7 not about the children, about her and **Sister**, the girl.

8 And if you saw in Major Johnson's PowerPoint, her
9 lock screens were her and were **Sister**, there was nothing
10 about the babies.

11 So we'd just like you to take that in
12 consideration, Your Honor, just in response to their
13 statements.

14 THE COURT: All right. Mr. Fox, I give you the
15 last word, sir.

16 MR. FOX: Yes, sir. Judge, the only thing I'd
17 add no terms into a debate on postpartum. I think one
18 hallmark would be not recognizing any kind of
19 depression, the person suffering from. Judge, she
20 does have 785 days of pretrial extension.

21 THE COURT: Yes, sir. All right. I'm going to
22 take about a 10 or 15-minute break to think about what
23 I've just been presented with. Of course, I've taken
24 in and seen all the exhibits all week, heard all the
25 testimony and I'm aware of that. But I have been

1 provided with additional information from both sides
2 and representatives from the victims and the -- and
3 the defendant. So I'd like just to gather my thoughts
4 for about 10 or 15 minutes.

5 So we'll be in -- stand in recess until that
6 time. Thank you.

7 (Recess was taken.)

8 SENTENCE OF THE COURT

9 THE BALIFF: All rise. If you have a cell phone,
10 make sure they're turned completely off. Not to
11 vibrate, but off.

12 THE COURT: Thank y'all. Please be seated. I
13 don't think that there's anybody in here that's been
14 here this week that wasn't moved by the facts in this
15 case and what's occurred.

16 I mean, you can't -- no one is immune to that
17 when it involves children like this. I remember
18 somebody saying that when you have a child, it fills a
19 space that you didn't even know existed. And that
20 immediately after you just don't even think about
21 yourself anymore.

22 You just put, you know, your needs and yourself
23 automatically without anybody telling you to, behind
24 you. Your children, and it never goes away, no matter
25 how old they are. You know, I have no doubt that

1 having triplets and another toddler must have been
2 extremely stressful and difficult, overwhelming at
3 times.

4 But the law and just nature requires that parents
5 do whatever it takes to protect their children,
6 especially when they're young enough where they can't
7 help themselves.

8 You know, I can't help but think that if any of
9 those missed appointments that would've occurred in
10 early 2023, if anybody had -- just one of the children
11 had gone in, one of the triplets had gone in, that it
12 would've raised a flag or one called a BabyNet or one
13 -- you know, one trip to the ER, that all of this
14 tragedy could have been avoided.

15 So I see that there's -- the jury has found, and
16 I think that it -- that the evidence has shown that
17 there is abuse and neglect here on both sides of it.

18 As to **Infant One**, I mean, the evidence that relates
19 to him is just heartbreaking. Just heartbreaking.

20 For that child to have had two broken -- two
21 breaks in one arm, one break in another, two broken
22 ribs, contusions to both sides of his brain.

23 You know, injury to -- all over his eyes, his
24 face, his penis, to be so dehydrated and malnourished.
25 And for him not to die of those blunt force trauma for

1 weeks was just a slow-motion homicide.

2 The -- it stuck with me the -- the pathologist
3 said that he would've been in excruciating pain and
4 would've been inconsolable. And I just can't imagine
5 what it was like that child be lying there night after
6 night after night. And the same with the other two
7 children. Just by the grace of God, they didn't share
8 the same fate.

9 **Infant Two** and **Infant Three** will -- according to the
10 evidence by the adoptive parents here, will never be
11 the same. Will have to see doctor after doctor. Will
12 have challenges for the rest of their life. Same with
13 **Sister**.

14 According to her adoptive parents, has therapy
15 once a week based on what she went through. And it's
16 just -- it's just heartbreaking. It is. And Mr. Fox
17 talked about mercy and vengeance.

18 There's nothing -- there has to be mercy. There
19 has to be -- but there also has to be responsibility,
20 certainly not vengeance. But the law requires people
21 to accept responsibility and the consequences of their
22 actions, especially when it affects somebody that
23 can't protect themselves.

24 All right. Defendant, please rise. As to
25 Indictment number 2023-GS-40-9405, Homicide by Child

1 Abuse, I'll sentence the defendant, Breonte Alexander
2 -- Alexandria Glasgow, to forty-five(45) years, South
3 Carolina Department of Corrections. She's to receive
4 seven hundred eighty-five (785) days' credit for time
5 served.

6 As to Indictment 2023-GS-40-9412, Child Neglect,
7 as to **Infant Two**, sentence the defendant, Breonte Alexandria
8 Glasgow, to ten (10) years South Carolina Department
9 of Corrections.

10 And as to Indictment number 2023-GS-40-9409,
11 Child Neglect, as to **Infant Three**, I'll sentence the
12 defendant, Breonte Alexandria Glasgow, to ten (10)
13 years.

14 She's to get credit for seven hundred eighty-five
15 (785) days time served. And those sentences will run
16 concurrent. Good luck to you, ma'am. We'll stand
17 adjourned.

18
19
20
21
22 (Court adjourned at 3:35pm)

23
24
25 --- END OF TRANSCRIPT OF RECORD ---

CERTIFICATE

I, THE UNDERSIGNED BRANDI J. BERRY, CERTIFIED COURT REPORTER FOR THE FIFTH JUDICIAL CIRCUIT OF THE STATE OF SOUTH CAROLINA, DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE, ACCURATE AND COMPLETE TRANSCRIPT OF RECORD OF ALL THE PROCEEDINGS HAD AND EVIDENCE INTRODUCED IN THE HEARING OF THE CAPTIONED CAUSE, RELATIVE TO APPEAL, IN THE CIRCUIT COURT FOR RICHLAND COUNTY, SOUTH CAROLINA, ON THE 12TH DAY OF MAY, 2025.

I DO FURTHER CERTIFY THAT I AM NEITHER OF KIN, COUNSEL, NOR INTEREST IN ANY PARTY HERETO.

/S/Brandi J. Berry, CVR

COLUMBIA, SOUTH CAROLINA

JANUARY 8th, 2026

WITNESSES

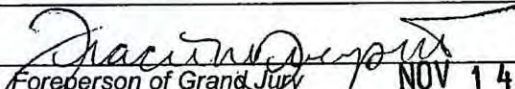
(S) Kelly S Smith
– Richland County Sheriff Dept

ARREST WARRANT NUMBER

2023A4011200161

ACTION OF GRAND JURY

TRUE BILL


Foreperson of Grand Jury
Date: NOV 14 2023

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NO. 2023GS4009405

The State of South Carolina

County of

Richland

COURT OF GENERAL SESSIONS

NOVEMBER TERM 2023

11

**THE STATE
vs.**

Breonte Alexandria Glasgow

**Indictment for
MURDER / HOMICIDE BY CHILD ABUSE
(20Y TO LIFE)**

SC Code: 16-03-0085(A)(1)(B)(1)
CDR Code: 2356

After being fully advised as to my
legal rights, I hereby waive presentment
to the Grand Jury.

Defendant

I
hereby appear in my own proper person and plead
guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

INDICTMENT

At a Court of General Sessions, convened on November 14, 2023,
the Grand Jurors of Richland County present upon their oath:

HOMICIDE BY CHILD ABUSE – CAUSED DEATH

That Breonte Alexandria Glasgow did in Richland County, on or about March 11, 2023, cause the death of **Infant One**, DOB: [REDACTED], while committing child abuse or neglect, and the child's death occurred under circumstances manifesting an extreme indifference to human life, in violation of Section 16-03-0085(A)(1)(B)(1), S. C. Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.



BYRON E. GIPSON, SOLICITOR

WITNESSES

(S) Kelly S Smith
– Richland County Sheriff Dept

ARREST WARRANT NUMBER

2023A4011200160

ACTION OF GRAND JURY

TRUE BILL

Foreperson of Grand Jury

Date:

NOV 14 2023

VERDICT

Foreperson of Petit Jury
Date:

DOCKET NO. 2023GS4009409

The State of South Carolina

County of

Richland

COURT OF GENERAL SESSIONS

NOVEMBER TERM 2023

11

**THE STATE
vs.**

Breonte Alexandria Glasgow

**Indictment for
CHILDREN / LEGAL CUSTODIAN,
UNLAWFUL NEGLECT OF CHILD OR
HELPLESS PERSON**

SC Code: 63-05-0070
CDR Code: 2481

After being fully advised as to my
legal rights, I hereby waive presentment
to the Grand Jury.

Defendant

I
hereby appear in my own proper person and plead
guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)

INDICTMENT

At a Court of General Sessions, convened on November 14, 2023,
the Grand Jurors of Richland County present upon their oath:

UNLAWFUL CONDUCT TOWARDS A CHILD

That Breonte Alexandria Glasgow did in Richland County on or about March 11, 2023, while having charge or custody, or being the parent or guardian, or being responsible for the welfare of the minor child, **Infant Three** place the child at unreasonable risk of harm affecting the child's life, physical or mental health, or safety; or did unlawfully or maliciously cause or cause to be done bodily harm to the child so that the life or health of the child was endangered or was likely to be endangered; or did willfully abandon the child, in violation of Section 63-5-70, S. C. Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.



BYRON E. GIPSON, SOLICITOR

WITNESSES

(S) Kelly S Smith

– Richland County Sheriff Dept

ARREST WARRANT NUMBER

2023A4011200158

ACTION OF GRAND JURY

TRUE BILL

[Signature]
Foreperson of Grand Jury

Date:

NOV 14 2023

VERDICT

Foreperson of Petit Jury

Date:

DOCKET NO. 2023GS4009412

The State of South Carolina

County of

Richland

COURT OF GENERAL SESSIONS

NOVEMBER TERM 2023

11

THE STATE

vs.

Breonte Alexandria Glasgow

**Indictment for
CHILDREN / LEGAL CUSTODIAN,
UNLAWFUL NEGLECT OF CHILD OR
HELPLESS PERSON**

SC Code: 63-05-0070

CDR Code: 2481

After being fully advised as to my legal rights, I hereby waive presentment to the Grand Jury.

Defendant

I
hereby appear in my own proper person and plead guilty to the within indictment or to

Defendant

Witness:

C.C.C. PLS. AND G.S.

STATE OF SOUTH CAROLINA)
)
COUNTY OF RICHLAND .)

INDICTMENT

At a Court of General Sessions, convened on November 14, 2023,
the Grand Jurors of Richland County present upon their oath:

UNLAWFUL CONDUCT TOWARDS A CHILD

That Breonte Alexandria Glasgow did in Richland County on or about March 11, 2023, while having charge or custody, or being the parent or guardian, or being responsible for the welfare of the minor child, **Infant Two** place the child at unreasonable risk of harm affecting the child's life, physical or mental health, or safety; or did unlawfully or maliciously cause or cause to be done bodily harm to the child so that the life or health of the child was endangered or was likely to be endangered; or did willfully abandon the child, in violation of Section 63-5-70, S. C. Code of Laws, 1976, as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.

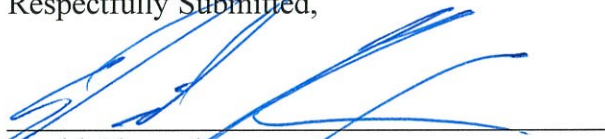

BYRON E. GIPSON, SOLICITOR

CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability with the April 15, 2014 order from the South Carolina Supreme Court entitled "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings."

RECEIVED
Aug 03 2026
SC Court of Appeals

Respectfully Submitted,



David Alexander
Deputy Chief Attorney for Capital Appeals

South Carolina Commission on Indigent Defense
Division of Appellate Defense
PO Box 11589
Columbia, SC 29211-1589

ATTORNEY FOR APPELLANT

This 3rd day of August, 2026.