

(1) PLACE OF BIRTH

County of SpartanburgTownship of South Spring

or

Inc. Town of

City of Born in General Hospital of Spartanburg S.C.

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20151

Registration District No. 4000BRegistered No. 31

(For use of Local Registrar)

(2) Full Name of Child

Mary Wilson Glee

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 30 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

M. Wilson Glee

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Spartanburg S.C.

(13) OCCUPATION

Teacher

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

One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Gaston

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Spartanburg S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 1 22

(28)

H. S. Mon
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.