

(1) PLACE OF BIRTH

County of AndersonTownship of Centerville

or

Inc. Town of Anderson

or

City of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

211

Registered No. 9

(For use of Local Registrar)

Registration District No. 30.3(No. 1)St. 1Ward 1

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

(2) Full Name of Child

Clara Glenn

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? X(5) Number in order of birth 4

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan 13 1924

(Specify of Month (Day) (Year))

FATHER

(8) FULL NAME Russell Glenn(9) PRESENT POSTOFFICE OF FATHER Sandy Spring(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 4(12) BIRTHPLACE Sandy Spring(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Russell(15) PRESENT POSTOFFICE OF MOTHER Sandy Spring(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 4(18) BIRTHPLACE Sandy Spring(19) OCCUPATION Farmer(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Late wife on the date above stated.

(Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Marks(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

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(28)

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.