

WHEN RECEIVED FOR FILING. THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Orangeburg
Township of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50075

Inc. Town of Bowman Registration District No. 3410 Registered No. 77
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wallace Glen { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Tom Glen</u>			(14) NAME BEFORE MARRIAGE <u>Ollie Stead</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Bowman</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bowman S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(18) BIRTHPLACE <u>Orangeburg C. S. C.</u>
(12) BIRTHPLACE <u>Orangeburg C. S. C.</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Household duties</u>	(21) Number of children of this mother now living, including present birth <u>One</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) (Signature) J. L. Carter M.D. 11:30 P. M.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bowman S.C.

Given name added from a supplemental report

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

(27) Filed 191 (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.

Registrar

Local Registrar

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