

(1) PLACE OF BIRTH

County of FlorenceTownship of Trimmons

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38362

Registration District No. 2015Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child

Glenn Mae Rennoles

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

(3) BOY OR GIRL

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charlie Rennoles

(9) PRESENT POSTOFFICE OF FATHER

Trimmons

(10) COLOR OR RACE

Col.

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Florence Co

(13) OCCUPATION

Laborer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Presilla Tart

(15) PRESENT POSTOFFICE OF MOTHER

Trimmons

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

24
(Years)

(18) BIRTHPLACE

Florence Co.

(19) OCCUPATION

Domestic

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Graves, Trville

(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 23 is signed by mark)(27) Filed June 29, 1922 (28) R. H. Nelson
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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.