

## (1) PLACE OF BIRTH

County of AndersonTownship of AndersonCity of AndersonDay of Feb (No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)Year of 1922

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. - For this register only

2751

Registration District No. 3ARegistered No. 326

(For use of Local Registrar)

(1) Full Name of Child Lillian Glenn

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

BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 22

(Name of Month) (Day) (Year)

## FATHER.

FULL NAME Walter JonesPRESENT POSTOFFICE OF FATHER AndersonCOLOR OR RACE Cal(11) AGE AT LAST BIRTHDAY 17 (Years)BIRTHPLACE Don't KnowOCCUPATION LabourNumber of children born to mother, including present birth First

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Glenn(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE Cal(17) AGE AT LAST BIRTHDAY 13 (Years)(18) BIRTHPLACE Abbeville County(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born 7:00 P. M. on the date above stated. (Hour A. M. or P. M.)(21) (Signature) Phyllis(22) Date when certificate of birth was given Feb 22(23) Address of Physician or Midwife Anderson

Name added from a report on the report.

Signature of Registrar necessary only when certificate is signed by birth.

F. E. CRAYTON, Local Registrar

On there- the child is born, the Registrar shall return, if possible, a copy of this certificate to the parents of the child.