

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of Georgetown

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

(2) Full Name of Child ROBERT-DUBOIS-GLANZFile No.—For State Registrar Only
24470Registered No. 46
(For use of Local Registrar)

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>-</u> To be answered only in case of Twin or Triplet	5) Number in order of birth <u>1st</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Aug 11</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME YERMAH-WILLIAM-GLANZ(9) PRESENT POSTOFFICE OF FATHER Georgetown - S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Sherry - Wisconsin(13) OCCUPATION Book-keeper(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE GLADYS-ELIZA-DUBOIS(15) PRESENT POSTOFFICE OF MOTHER Georgetown - S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE New Paltz - N. Y.(19) OCCUPATION Housekeeping(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 1:30 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) Wm. Gaillard - mo(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Georgetown - S. C.

Given name added from a supplemental report

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

(26) Filed Aug 11 1923 (27) Mrs. R. Y. King
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 FINDING. 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 3.