

(1) PLACE OF BIRTH Greenville  
County of Greenville  
Township of Bala  
or  
Inc. Town of .....  
or  
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  
**72920**

Registration District No. 2201 Registered No. 49  
(For use of Local Registrar)

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 26 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Norman Agnew Glenn  
(9) PRESENT POSTOFFICE OF FATHER Travellers Rest, SC  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
(12) BIRTHPLACE Greenville Co. SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { ..... 3 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Frances Lula Farmer  
(15) PRESENT POSTOFFICE OF MOTHER Same  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)  
(18) BIRTHPLACE Greenville Co. SC  
(19) OCCUPATION At home  
(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 born alive at Travellers Rest, SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Chas. P. Johnson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Travellers Rest, SC

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed Aug. 1916 (28) Ed. C. Strawn 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.