

(1) PLACE OF BIRTH Greenville
 County of Greenville
 Township of Bala
 or
 Inc. Town of
 or
 City of (No.) St.; Ward
 (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 Res. #2 Travellers Rest, SC
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Greenville, 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, 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 at home, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 3:30 P.
 (23) (Signature) Chas. P. Johnson
 (24) State whether Physician or Midwife MD (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.