

(1) PLACE OF BIRTH

County of Sumter
 Township of Crivater

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

53908

City of Inc. Town of or
 Registration District No. 4104 Registered No. 20
 (For use of Local Registrar)
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE BIRTH Mar 16
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jacob Glisson Jr.

(9) PRESENT POSTOFFICE OF FATHER Sumter Co. S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21
 (Years)

(12) BIRTHPLACE Sumter Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Samuel

(15) PRESENT POSTOFFICE OF MOTHER Sumter Co. S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27
 (Years)

(18) BIRTHPLACE Sumter Co. S.C.

(19) OCCUPATION Housewife

(20) 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 Mar 16 at Sumter Co. S.C. on the date above stated. (Born alive or stillborn) (Mark A. M. or P. M.)

(23) (Signature) Emma X. Montgomery

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumter Co. S.C.

Given name added from a supplemental report

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..... Registrar

(26) Witness S. B. Kell

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

(27) Filed Mar 16 (28) Silas B. Kell
 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.

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