

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
75013

(1) PLACE OF BIRTH

County of Union
Township of Fish Paw
or
Inc. Town of Registration District No. 4203 Registered No. 36
or
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 Judiau Eliza Glenn { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (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 S of Glenn
(9) PRESENT POSTOFFICE OF FATHER Carlsle
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.S.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Clara Bates
(15) PRESENT POSTOFFICE OF MOTHER Carlsle
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 28 (Years)
(18) BIRTHPLACE S.S.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Alice Jeter
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carlsle, S.S.

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 27, 1916 (28) P. H. Jeter 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 BINDING. WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 5. Sav. of Columbia