

(1) PLACE OF BIRTH

County of UnionTownship of Fish Pawor
Inc. Town of

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

75013

Registration District No. 4203 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child Julian Eliza Glenn

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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 26 1916
 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME S. S. Glenn(9) PRESENT POSTOFFICE OF FATHER Carlsruhe(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 Carlsruhe(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 X. Peter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Carlsruhe, 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. Peter 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 OTHER, No. 2, etc., in question 5.

Cav. of Columbia