

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. II.—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 3.

(1) PLACE OF BIRTH
 County of Anderson
 Township of _____
 or
 Inc. Town of Anderson
 or
 City of Anderson (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution give name 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
2942

Registration District No. 34 Registered No. 75
 (For use of Local Registrar)

(2) Full Name of Child Marion Gray Glenn
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 3</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>John Marion Glenn</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson</u>	(12) BIRTHPLACE <u>Anderson Co</u>	(13) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u> <u>2</u>		

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Calypia Glenn</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Anderson</u>	(18) BIRTHPLACE <u>Anderson Co</u>	(19) OCCUPATION <u>Housewife</u>
(21) Number of children of this mother now living, including present birth <u>1</u> <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:25 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Sam Gray

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

Given name added from a supplemental report
Small 5-35-48

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

(27) Filed 1-13 1922 (28) J. B. Stanton 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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