

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Young  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19297

Registration District No. 2908 Registered No. 34  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Glennie Becke

If child is not yet named, make  
 supplemental report as directed

3) BOY OR GIRL? Girl 4) Twin or Triplet? No 5) Number in order of birth ..... 6) Are Parents Married? Yes 7) DATE OF BIRTH June 10, 1922  
 (To be answered only in event of Twins or Triplets) (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Lester Becke9) PRESENT POSTOFFICE OF FATHER H. Inn SC10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY 38  
 (Years)12) BIRTHPLACE SC13) OCCUPATION Farm.20) Number of children born to mother, including present birth 9

## MOTHER.

14) NAME BEFORE MARRIAGE Alma Smith15) PRESENT POSTOFFICE OF MOTHER H. Inn SC16) COLOR OR RACE Col. 17) AGE AT LAST BIRTHDAY 35  
 (Years)18) BIRTHPLACE SC19) OCCUPATION Farming21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elcie Arnold(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife H. Inn SC

Given name added from a supplement-  
 tal report

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

(27) Filed 7/10 19 22 (28) R. H. Harris  
 Registrar 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.