

**19548**

Registered No. 400.....  
(For use of Local Registrar)

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

**BATHING** **MOTHER.** 11 10

<p>100 PRESENT LASTING NAME OF FATHER</p> <p><i>Slaver, H. C.</i></p>	<p>100 PRESENT LASTING NAME OF MOTHER</p> <p><i>Slaver</i></p>
---	--

York Co. S.C.

(24) Number of children born to mother: seven

(25) Number of children of this mother now living, including present birth: seven

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was... (Born alive or stillborn) (Sex: A. M. or F. M.)  
on the date above stated.

(26) (Signature) [Signature] (27) Address of Physician or Midwife

(34) State Washington  
 Date 10/13/47

Given name added from a supplemental report

when Question 22 is signed by \_\_\_\_\_

(27) Filed July 1-23 (28) July 1-23 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.

Local Registrar.