

(1) PLACE OF BIRTH

County of MarionTownship of Marionor Inc. Town of Marionor City of Marion

(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

32575

Registration District No. 4207 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child

Virginia Glax

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

(3) BOY OR GIRL? ✓(4) Twin or Triplet? ✓(5) Number in order of birth 8(6) Are Parents Married? yes(7) DATE OF BIRTH 9/27/22

FATHER.

(8) FULL NAME Frank Glax(9) PRESENT POSTOFFICE OF FATHER Marion S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Marion S.C.(13) OCCUPATION Self-employed(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Fanny Bailey(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 36 (Year)(18) BIRTHPLACE Marion S.C.(19) OCCUPATION Homemaker(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Marion S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. [Signature](24) State whether Physician or Midwife mid(25) Address of Physician or Midwife Marion S.C.

Given name added from a supplemental report

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

(27) Filed 10 10 22 (28) J. B. Jarrett 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.