

(1) PLACE OF BIRTH

County of Anderson
Township of Centerville

Inc. Town of.....

City of Anderson

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

(2) Full Name of Child Mary Ellen

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

(3) BOY OR GIRL girl (4) Type of Twin yes (5) Date of Birth Sept 2 1900

FATHER

(6) FULL NAME Sam Glenn(7) PRESENT POSTOFFICE OF FATHER Anderson SC(8) COLOR OR RACE Col (9) AGE AT LAST BIRTHDAY 28(10) BIRTHPLACE Anderson(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 1

MOTHER

(13) NAME BEFORE MARRIAGE Irish Hainan(14) PRESENT POSTOFFICE OF MOTHER Anderson SC(15) COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 29(17) BIRTHPLACE Seneca(18) OCCUPATION Housewife(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour 3 P.M.)(21) (Signature) Sam Glenn(22) State whether Physician or Midwife (23) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report

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

F. B. CRAYTON

(25) Filed (26) Local Registrar

ANDERSON

When there was no attending physician or midwife, then the father, householder, or other person, if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

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