

(1) PLACE OF BIRTH

County of Union
 Township of Bogartville
 or
 Inc. Town of.....
 or
 City of.....

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

No. for State Registrar Only
2287

Registration District No. H. 2. 01 Registered No. 7
 (For use of Local Registrar)

(No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 15, 1943
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Pelix Glenn
 (9) PRESENT POSTOFFICE OF FATHER Jonesville Route 2
 (10) COLOR OR RACE color (11) AGE AT LAST BIRTHDAY 42
 (Year) (12) BIRTHPLACE S. C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Jane Gist
 (15) PRESENT POSTOFFICE OF MOTHER Jonesville Route 2
 (16) COLOR OR RACE color (17) AGE AT LAST BIRTHDAY 38
 (Year) (18) BIRTHPLACE S. C.
 (19) OCCUPATION Domestic
 (20) 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 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mellie L. Davis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Drook S. C.

Given name added from a supplemental report

(26) Witness Mrs. L. B. Lee (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed April 19, 1943 (28) L. B. Lee 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.