

Form No. 1

(1) PLACE OF BIRTH

County of UnionTownship of S. Hill

or

Inc. Town of

or

City of

(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 Eleanor Glenn (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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 19 18
(Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Ed Glenn</u>	(14) NAME BEFORE MARRIAGE	<u>Rosa Lee Rogers</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Whitman S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Whitman S.C.</u>		
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>B</u>	(17) AGE AT LAST BIRTHDAY	<u>18</u>
(11) AGE AT LAST BIRTHDAY	<u>23</u>	(18) BIRTHPLACE	<u>S.C.</u>		
(12) BIRTHPLACE	<u>S.C.</u>	(19) OCCUPATION	<u>Laborer</u>		
(13) OCCUPATION	<u>Laborer</u>	(20) Number of children of this mother now living, including present birth	<u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lena Rogers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Whitman S.C.

Given name added from a supplemental report

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

(27) File 19 18 (28) Y. C. Mobley Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.