

## (1) PLACE OF BIRTH

County of FurmanTownship of 14or  
Inc. Town ofor  
City of

(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

42762

Registration District No. 1913Registered No. 50

(For use of Local Registrar)

(2) Full Name of Child Harland Douglass Glenn

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

(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Thomas Perry Glenn(9) PRESENT  
POSTOFFICE  
OF FATHER Unionboro, S.C.(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 50  
(Years)(12) BIRTHPLACE  
Greenville Co. S.C.(13) OCCUPATION  
Mill operative(14) Number of children born to  
mother, including present birth 7

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Laura Harrison(15) PRESENT  
POSTOFFICE  
OF MOTHER Unionboro, S.C.(16) COLOR  
OR  
RACE White(17) AGE AT LAST  
BIRTHDAY 43  
(Years)(18) BIRTHPLACE  
Greenville, Penn.(19) OCCUPATION  
House wife(21) Number of children of this mother  
now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:30 P.M.  
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) David S. S. S.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filled 1913 (28) M. M. M. M.  
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.

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THIS FORM IS TO BE FILLED OUT BY THE REGISTRAR OR BY THE FATHER, HOUSEHOLDER, ETC., WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE. IT IS A SUPPLEMENT TO THE BIRTH CERTIFICATE AND IS NOT TO BE FILED WITH IT. IT IS TO BE FILED WITH THE BIRTH CERTIFICATE WHEN IT IS FILLED OUT BY THE REGISTRAR.

NOTE:—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THEN OTHERS, No. 2, etc., in question 5.

McGraw, of Columbia