

Form No. 1

(1) PLACE OF BIRTH

County of Berkeley  
 Township of St. Stephens  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

Registration District No. 705

File No.—For State Registrar Only  
**29088**

Registered No. 95  
 (For use of Local Registrar)

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

(2) Full Name of Child Edna Glen

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

(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept. 20, 1922</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME August Glen  
 (9) PRESENT POSTOFFICE OF FATHER St. Stephens  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (12) BIRTHPLACE St. Stephens  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 6

**MOTHER.**

(14) NAME BEFORE MARRIAGE Via Howard  
 (15) PRESENT POSTOFFICE OF MOTHER St. Stephens  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24  
 (Year)  
 (18) BIRTHPLACE St. Stephens  
 (19) OCCUPATION Farm-wife  
 (21) Number of children of this mother now living, including present birth 5

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Wilson  
 (24) State whether, Physician or Midwife (25) Address of Physician or Midwife  
Midwife St. Stephens

Given name added from a supplemental report

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

(27) Filed Sept. 25, 1922 (28) W. A. F. S. 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.

WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECAN OF COLUMBIA, COLUMBIA, S. C.