

(1) PLACE OF BIRTH

County of Pickens
Township of Central
or
Inc. Town of Central
or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

50212

Registration District No. 3700 Registered No. 19

(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 Glennward Hyde

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 Feb. 16, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME E. W. Hyde

(9) PRESENT POSTOFFICE OF FATHER Central S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 38
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Police Sergeant, S.C.

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Johna Estelle Turner

(15) PRESENT POSTOFFICE OF MOTHER Central S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 23
(Years)

(18) BIRTHPLACE Ga.

(19) OCCUPATION Home

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. H. Hickey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Central S.C.

Given name added from a supplemental report

June 29, 1916
[Signature]
Registrar

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

(27) Filed Feb. 27, 1916 (28) J. D. Bearden
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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BORN NO. 5. MAINLINE INDENTIFIED FOR BIDDING. WRITING PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. 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. McCr. McCaw, of Columbia