

(1) PLACE OF BIRTH

County of LexingtonTownship of Calmaror
Inc. Town ofor
City of Lexington

(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

39279

Registration District No. 31.05 Registered No. 142

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Norman F. Glenn(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lydia Glenn(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) 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 alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Glenn

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

Given name added from a supplemental report

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

(27) Filed 12/4 1922 (28) J. C. Lybrand 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.

Registrar

Local Registrar

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