

WRITE 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.

McCaw of Columbia.

## (1) PLACE OF BIRTH

County of Sparking  
Township of Essexor  
Inc. Town of 11  
or  
City of SC

(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 HealthFile No. — For State Registrar Only  
**83547**Registration District No. 408 Registered No. 691

(For use of Local Registrar)

(2) Full Name of Child Glenn Lida

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

(3) BOY OR GIRL? Y

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH Oct 2 1916  
(Name of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

## FATHER.

(8) FULL NAME John Lida(9) PRESENT POSTOFFICE OF FATHER Glenn Dale(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE Glenn Dale(13) OCCUPATION mill worker(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Birgan(15) PRESENT POSTOFFICE OF MOTHER Glenn Dale(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Domair Co NC(19) OCCUPATION house worker(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Wm. H. Parker(24) State whether Physician or Midwife (25) Address of Physician or Midwife mill worker

Given name added from a supplemental report

(26) Witness Miller & Parker

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

(27) Filed Oct 15 6 30 H Parker (28) Local Registrar.

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.

Fifth month of pregnancy.