(1) PLACE OF BIRTH

County of Georgetown

Township of .....

or

Inc. Town .....

or

City of Georgetown S.C. (No. Prince St.; ..... Ward)

(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
28384

Registration District No. 21 a Registered No. 44
(For use of Local Registrar)

(2) Full Name of Child Lillian Mae Glenn

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X

(5) Number in order of birth X

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept. 24, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Lonnie Otto Glenn	(14) NAME BEFORE MARRIAGE Hattie Le Smith
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.	(15) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)
(12) BIRTHPLACE Conway, S.C.	(18) BIRTHPLACE Georgetown S.C.
(13) OCCUPATION Lumberman	(19) OCCUPATION Household Duties
(20) Number of children born to mother, including present birth: One	(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. D. Leckman

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Georgetown S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) .....
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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Local Registrar.

Bureau of Columbia, S. C.

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.