

(1) PLACE OF BIRTH
 County of Balthus
 Township of Sandy Run
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 104 Registered No. 9
 (For use of Local Registrar)

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

File No.—For State Registrar Only
48271

(2) Full Name of Child William Glass { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be suggested only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Jan 20 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Don't Know</u>			(14) NAME BEFORE MARRIAGE <u>Rocks Anna Glass</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Don't Know</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaston S.B.</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>Don't Know</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>20</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Don't Know</u>			(18) BIRTHPLACE <u>Sandy Run</u>	
(13) OCCUPATION <u>Don't Know</u>			(19) OCCUPATION <u>Field work</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Leah Harris

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Gaston S.B.

Given name added from a supplemental report
 _____, 191....

(26) Witness B. E. Bellinger
 (Signature of Witness necessary only when question 23 is signed by marks)

(27) Filed Feb 22 1916 (28) J. S. Bellinger
 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.

WRITER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. M.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark it FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.
 CHW. of Columbia