

(1) PLACE OF BIRTH

County of Anderson

Township of Saranac

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

84297

Registration District No. 311 Registered No. 74
(For use of Local Registrar)

St. Ward

(2) Full Name of Child Robert Keys Glenn If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex Parents Male (7) DATE OF BIRTH Nov 28 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME James Glenn
(9) PRESENT POSTOFFICE OF FATHER Star SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Anderson Co SC
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Missie Yarnall
(15) PRESENT POSTOFFICE OF MOTHER Star SC
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Anderson Co SC
(19) OCCUPATION house keeping
(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 alive at 3:30 P. M. (Born alive or stillborn), (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. M. Daniels
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson SC

Given name added from a supplemental report
Mary
to M. Daniels
Registrar

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

(27) Filed Dec 2 1916 (28) J. A. Jones 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 ninth month of pregnancy.

MARGIN RESERVED FOR BIRTH RECORD. 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. McCay of Columbia.