

FORM NO. 2.

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

James Glenn

(14) NAME BEFORE MARRIAGE

Annie Yarnall

(9) PRESENT POSTOFFICE OF FATHER

Star SC

(15) PRESENT POSTOFFICE OF MOTHER

Star SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32 (Years)

(12) BIRTHPLACE

Anderson Co SC

(18) BIRTHPLACE

Anderson Co SC

(13) OCCUPATION

Farmer

(19) OCCUPATION

House Keeping

(20) Number of children born to mother, including present birth

4

(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 330 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

Anderson SC

Given name added from a supplemental report

M. L. Jones

(26) Witness

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

(27) Filed

Dec 7, 1919

(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 sixth month of pregnancy.

MARGIN RESERVED FOR BINDING. WHITE 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.