

## (1) PLACE OF BIRTH

County of LaurensTownship of Bufordor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
**82309**Registration District No. 1800 Registered No. 67  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ruby Edna Glenn If child is not yet named, make supplemental report as directed(3) ~~BOY OR GIRL?~~ Girl (4) Twin or Triplet? No (5) Number in order of birth 43 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 24, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Washington Glenn(9) PRESENT POSTOFFICE OF FATHER Laurens R #5(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)(12) BIRTHPLACE Union Co N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Nine

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Pyles(15) PRESENT POSTOFFICE OF MOTHER Laurens R #5(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE Union Co - N.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Nine

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) W. H. Sapp(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens R #5

Given name added from a supplemental report

F. A. Pyles  
Registrar

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

(27) Filed H. H. 1916 (28) J. W. Kiser  
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.

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.  
McGaw, of Columbia.