

## (1) PLACE OF BIRTH

County of ChesterTownship of Kalbsville

Ina. 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

Registration District No. 11.2.4Registered No. 12151

(For use of Local Registrar)

(2) Full Name of Child Fred Glenn

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

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Twin <u>K</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>yr</u>	(7) DATE OF BIRTH <u>June 11, 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Thompson Glenn</u>	(10) NAME BEFORE MARRIAGE <u>Jane Steel</u>	(10) NAME BEFORE MARRIAGE <u>Jane Steel</u>	(10) NAME BEFORE MARRIAGE <u>Jane Steel</u>
(9) PRESENT RESIDENCE OF FATHER <u>Leeds, S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Leeds, S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Leeds, S.C.</u>	(10) PRESENT RESIDENCE OF MOTHER <u>Leeds, S.C.</u>
(11) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>57</u>	(11) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>39</u>
(12) BIRTHPLACE <u>Chester, Co.</u>	(12) BIRTHPLACE <u>Fairfield Co.</u>	(12) BIRTHPLACE <u>Fairfield Co.</u>	(12) BIRTHPLACE <u>Fairfield Co.</u>
(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Housewife</u>	(13) OCCUPATION <u>Housewife</u>
(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>	(14) Number of children born to mother, including present birth <u>1</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive at 2:02 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Elija Miller

(22) State whether Physician or Midwife (23) Address of Physician or Midwife

Given name added from a supplemental report

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

(25) Filed June 9, 1923 (26) H. J. McDaniel 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.