

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

16 082852

1. PLACE OF BIRTH
County of Wagner STATE OF SOUTH CAROLINA
Township of Wagner
or
Inc. Town of Wagner
or
City of Wagner (No. _____ St. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

FILE No.—For State Registrar Only
00224

Registration District No. 203 Registered No. 32
(For use of Local Registrar)

2. FULL NAME OF CHILD Robert Lee Glenn { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural births _____ 4. Twins, triplets or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents Married Yes 8. Date of birth May 11, 1916
(Month, day, year)

9. Full name Robert Glenn FATHER 18. Name before marriage Olda Davis MOTHER

10. Residence (mailing address) Wagner, S.C. (If non-resident, give place and State) 19. Residence (mailing address) Wagner, S.C. (If non-resident, give place and State)

11. Color or race Col 12. Age at child's birth 37 (years) 20. Color or race Col 21. Age at child's birth 27 (years)

13. Birthplace (city or place) Wagner, S.C. (State or country) 22. Birthplace (city or place) Wagner, S.C. (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Same

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

16. Date (month and year last engaged in this work) _____ 17. Total time (years) spent in this work _____ 25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) / (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ months _____ weeks 29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 9 a.m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Robert Glenn, Parent

Given name added from a supplementary report _____ (Date of)

or _____ Guardian
Address Wagner, S.C.

Filed Apr 30, 1941 Wagner
Registrar

Registrar

Registrar