

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield

Township of .....

OR

Inc. Town of Thurston

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

Registration District No. 14

File No.—For State Registrar Only

34272

Registered No. 54  
(For use of Local Registrar)

## (2) Full Name of Child

Glenn Elmer May Whitener

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 14 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Amos Whitener

(9) PRESENT POSTOFFICE OF FATHER

Thurston S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

23  
(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Domestic

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Whitener

(15) PRESENT POSTOFFICE OF MOTHER

Thurston S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Domestic

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

3

(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 born alive at 5 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Janice Young Fox

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Thurston S.C.

Given name added from a supplemental report

(26) Witness

Margaret H. Haynes

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

(27) Filed

Nov 419 22

(28)

D. M. Haynes

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. 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.