

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.  
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville  
Township of Farmers  
or  
Inc. Town of Mountain Inn  
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

File No.—For State Registrar Only  
**56070**

Registration District No. 2206 Registered No. 42  
(For use of Local Registrar)

(2) Full Name of Child Ruby Glenn

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 28, 1916</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>				<b>MOTHER.</b>
(8) FULL NAME <u>Gentle Glenn</u>				(14) NAME BEFORE MARRIAGE <u>Eula Jackson</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mountain Inn, S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Mountain Inn, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>Laurens Co., S.C.</u>		(18) BIRTHPLACE <u>Laurens Co., S.C.</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>		(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 145 E. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John P. Deane, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mountain Inn, S.C.

Given name added from a supplemental report ....., 191..... ..... Registrar	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>J. B. Dickson</u> (27) Filed <u>May 10, 1916</u> (28) <u>J. B. Dickson</u> 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.

fifth month of pregnancy.