

Form No. 1

(1) PLACE OF BIRTH

County of Ozark
 Township of East
 or
 Inc. Town of East
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only

29834

Registration District No. 36

Registered No. 51
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Glenna King (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Age Yes (7) DATE OF BIRTH Sept 22 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Winters Kn
 (9) PRESENT POSTOFFICE OF FATHER East
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 27
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Judy Wiggins
 (15) PRESENT POSTOFFICE OF MOTHER East
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 22
 (18) BIRTHPLACE SC
 (19) OCCUPATION Wife
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born at East, on the date above stated. (Born alive or stillborn. (How? M or P. M.)

(22) (Signature) Bally

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness Winters King

Signature of Witness necessary only when question 22 is signed by mother

(26) Filed Oct 1 23

(27)

19 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.