

FORM NO. 2.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

County of Lynchburg

Bureau of Vital Statistics

Township of W. H. Simpson

State Board of Health

or
Inc. Town of

Registration District No. 3110

Registered No. 5
(For use of Local Registrar)

or
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

Glenn

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

(3) BOY OR GIRL <u>Boy</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>July 29 1916</u>
FATHER.		MOTHER.		
(8) FULL NAME <u>Levent Glenn</u>	(14) NAME AND MARRIAGE <u>William Glenn</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Gastonia</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Gastonia</u>			
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>47</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>32</u>	
(12) BIRTHPLACE <u>Simpson Co. S.C.</u>	(18) BIRTHPLACE <u>Lexington Co. S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>			
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(25) (Signature) Anna ...

(24) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife Gastonia

Given name added from a supplemental report

(27) Witness Glenn
(Signature of Witness necessary only when question 25 is signed blank)

(28) Filed 3/12 1916 (29) H. K. Knight 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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.
McCaw, of Columbia.

File No.—For State Registrar Only
49811