

FORM NO. 2.

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Township of

Bureau of Vital Statistics

State Board of Health

or

Inc. Town of

Registration District No. 3110

File No.—For State Registrar Only

49811

or

City of

(No. ....)

Registered No. 5  
(For use of Local Registrar)

(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 Boy	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH May 29 1916 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME Leland Glenn			(14) NAME BEFORE MARRIAGE Leland Glenn	
(9) PRESENT POSTOFFICE OF FATHER Gastonia, N.C.			(15) PRESENT POSTOFFICE OF MOTHER Gastonia, N.C.	
(10) COLOR OR RACE W	(11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE W	(17) AGE AT LAST BIRTHDAY 32 (Years)	
(12) BIRTHPLACE Lexington, N.C.			(18) BIRTHPLACE Lexington, N.C.	
(13) OCCUPATION Farmer			(19) OCCUPATION House work	
(20) Number of children born to mother, including present birth 8			(21) Number of children of this mother now living, including present birth 6	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) am on the date above stated.(23) (Signature) Anna Lucas(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gastonia, N.C.

Given name added from a supplemental report

(26) Witness L. J. Glenn

(Signature of Witness necessary only when question 22 is signed "stillborn")

(27) Filed 3/12 1916(28) 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.