

(1) PLACE OF BIRTH

County of Union
 Township of Gonzalesville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

32567

Registration District No. 4204 Registered No. 64

(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 Glynn Cornell Arthur If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 10</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>James Hays Arthur</u>			14) NAME BEFORE MARRIAGE <u>Maude Whitlock</u>	
9) PRESENT POSTOFFICE OF FATHER <u>J.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>J.</u>	
10) COLOR OR RACE <u>W</u>			16) COLOR OR RACE <u>W</u>	
11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>R. F. D. Conn</u>			18) BIRTHPLACE <u>U. C.</u>	
13) OCCUPATION <u>R. F. D. Carrier</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>2</u>			21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) R. D. Adams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Mrs. Woodward, M.D.7/14/42 19 22 Registrar

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

(27) Filed 19 22 (28) Geo L. Mann 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.

..... 19 22 Registrar (27) Filed Oct 8 19 22 (28) W. T. Tallman Local Registrar

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