CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
92088

(1) PLACE OF BIRTH
County of Lexington
Township of G. Hill
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4212 Registered No. 48
(For use of Local Registrar)
(No. ..... St.; ..... Ward)

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

(3) BOY OR GIRL? Girl
(4) Twin or Triplet? To be answered only in event of Twins or Triplets
(5) Number in order of birth
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Dec 3, 19 16 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jensey Glenn
(9) PRESENT POSTOFFICE OF FATHER Whitmire S.C.
(10) COLOR OR RACE Black
(11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Lexington Co.
(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Sims
(15) PRESENT POSTOFFICE OF MOTHER Whitmire S.C.
(16) COLOR OR RACE Black
(17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Lexington Co.
(19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 2
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Emma Duckett
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Whitmire S.C.

Given name added from a supplemental report
.....
....., 19 ....
Registrar

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

(27) Filed Dec 5, 19 16 (28) J. E. Mobley
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.

*Where a physician attends in preparing this—then in a physician's absence, the name of attending midwife should be inserted. Use a separate blank for each child. Twin-born, No. 4, this office, No. 5, etc., in question 5.

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