

Form No. 1

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

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

29080

Registration District No. 705Registered No. 86
(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 Wanghel Glover

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

(3) BOY OR GIRL G

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept 3, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

George Glover

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Wilford

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

Farm-wife

(21) Number of children of this mother now living, including present birth

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Wilford

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Wilford St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 25, 1922(28) M. Q. Ford

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.

MODERN OF COLUMBIA, COLUMBIA, S. C.