

CERTIFICATE OF BIRTH

County of Richland.....

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

Inc. ^{or} Town of

Registration District No. 204

File No.—For State Registrar Only

31929

City of Columbia

(No. 1745 B. annual)

Registered No. 1721
(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.....Charity Glover..... } If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?

(4) **Twin or Triplet?**

(5) Number in order of birth

(5) Are Parents

(7) DATE OF BIRTH Sept- 22 1912

FATHER

(8) FULL NAME Harvey Glavin

(9) PRESENT POSTOFFICE OF FATHER *Chumbia*

(10) COLOR OR RACE 2 (11) AGE AT LAST BIRTHDAY 24 (Years)

(13) BIRTHPLACE

(13) OCCUPATION mechanic

201 Number of children born to mother, including present birth 1 5

MOTIFS

(14) NAME BEFORE MARRIAGE John R. ...

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR OR RACE *C* (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE

(19) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Walter B. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 9-19 1913 (28) 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.

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