

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *11*OF
Inc. Town ofOF
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

30252

Registration District No *4008* Registered No. *268*

(For use of Local Registrar)

(2) Full Name of Child

Glover

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

(3) SEX OR
GIRL(4) Twin
Trin(5) Number in
order of birth *1st*(6) Are
Parents
Married *yes*(7) DATE OF
BIRTH *Sept 24 1923*
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME*J. B. Glover*(9) PRESENT
POSTOFFICE
OF FATHER*Spartanburg S.C.*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*25*
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Clerk in store(20) Number of children born to
mother, including present birth*5*

MOTHER

(14) NAME BEFORE
MARRIAGE*Ella M. Collins*(15) PRESENT
POSTOFFICE
OF MOTHER*Spartanburg S.C.*(16) COLOR
OR
RACE*White*(17) AGE AT LAST
BIRTHDAY*23*
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *11* M.,
on the date above stated. (If alive at birth, (Hour A. M. or P. M.)

(23) (Signature)

W. H. Chapman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Whitney S.C.*Given name added from a supplement
report

(26) Witness

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

(27) Filed

Oct 1st 1923(28) *Mrs. C. F. Parker*

Local Registrar.

19
Registrar

MAKING SEPARATE BIRTH RECORDS.
 WITH CELEBRATING IN—THIS IS A PERMANENT RECORD.
 IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM EACH CHILD, AND MAKE THE
 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.