

## (1) PLACE OF BIRTH

County of FairfieldTownship of X 7or  
Inc. Town of .....or  
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

Registration District No. 1908

File No.—For State Registrar Only

4071

Registered No. 8  
(For use of Local Registrar)(2) Full Name of Child Ernest Glover

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? X  
To be answered only in event of Twins or Triplets(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 6, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ben Glover(9) PRESENT POSTOFFICE OF FATHER Winnebrow S.S.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Fairfield Co S.S.(13) OCCUPATION Farm laborer(23) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ann Bess Woodley(15) PRESENT POSTOFFICE OF MOTHER Winnebrow S.S.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 19  
(Years)(18) BIRTHPLACE Fairfield Co S.S.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Wm. A. B. at 2 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Kitty Johnson(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Winnebrow S.S.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Feb. 14, 1922 (28) D. L. Ruff  
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.