

(1) PLACE OF BIRTH

County of

Edgefield

Township of

Adler

Inc. Town of

or

City of

or

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

(No. St.; Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

72517

Registration District No. 18.03 Registered No. 43
(For use of Local Registrar)(2) Full Name of Child Lizzie Glover { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Aug 22, 1916

FATHER.

(8) FULL NAME

Ernest Glover

(9) PRESENT POSTOFFICE OF FATHER

Colliers

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

{ 1 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Key

(15) PRESENT POSTOFFICE OF MOTHER

Colliers

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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 alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary B. Loecher

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

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

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

(27) Filed Aug 26 1916(28) J. E. Miller

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.

McCaw, of Columbia.