

(1) PLACE OF BIRTH

County of EdgefieldTownship of Adlersor
Inc. Town ofor
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

72517

Registration District No. 1803. Registered No. 43.....
(For use Local Registrar)(2) Full Name of Child Lizzie Glover..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>25</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 22, 1916</u> (Name of Month) (Day) (Year)
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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 A. Lochen

(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.