

(1) PLACE OF BIRTH

County of Bamberg
 Township of Bamberg
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3128

Registration District No. 40.0 Registered No. 32
 (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 Robert Glover If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH 7 23 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME E. C. Glover

(9) PRESENT POSTOFFICE OF FATHER Bamberg, SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 20 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Catherine Howard

(15) PRESENT POSTOFFICE OF MOTHER Bamberg, SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm Hand

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Glover (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg SC

Given name added from a supplemental report

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

(27) Filed 7/5 22 (28) John C. ... Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.

REGISTERED MIDWIFE. WITH REFERENCE TO THE STATE OF SOUTH CAROLINA, I HEREBY CERTIFY THAT I HAVE BEEN REGISTERED AS A MIDWIFE UNDER THE ACTS OF THE LEGISLATURE OF THIS STATE, AND THAT I AM A RESIDENT OF THE COUNTY OF BAMBERG, SOUTH CAROLINA.