

County of Spokane
Township of N.
or
Inc. Town of.....
or
City of

CERTIFICATE OF BIRTH

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

File No. - Tax Stamp Register Only
30251

Registration District No. 4008... Registered No. 260...
(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 Infant of J.R. Glover If child is not yet named, make supplemental report as directed

<p>7- BOY OR GIRL</p>	<p>(4) Twin or Triplet <i>Twin</i></p>	<p>(5) Number in order of birth <i>End</i></p>	<p>(6) Are Parents Married? <i>yes</i></p>	<p>(7) DATE OF BIRTH <i>Sept. 25, 1923</i></p> <p>(Name of Month) (Day) (Year)</p>
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FATHER

(1) FULL NAME *J. R. Glover*

(2) PRESENT POSTOFFICE OF FATHER *Spartanburg, S.C.*

(3) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *25*
(1 year)

(12) BIRTHPLACE *S.C.*

(13) OCCUPATION *Chafe in store*

(20) Number of children born to mother. Indicate present birth *1* *5*

(14) NAME BEFORE MARRIAGE *Ella M. Collins*

(14) PRESENT POSTOFFICE OF MOTHER *Shartburg Ala.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *E. Co.*

(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 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(28) (Signature)

(24) State whether Physician or Nonphysician

(25) Address of Physician or Midwife

(Given names added from a supplemental report)

(20) Witnesses

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed Oct. 17 1923. (28) ms. C. F. Parker
Local Registrar.

Local Registrar

.. 19 ...
Registrier