

WHERE PLACING WITH US AND BEING IMMEDIATELY PRESENTED TO THE REGISTRAR. 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.

(1) PLACE OF BIRTH

County of Aiken
Township of Gregg
OF Graniteville, S.C.
TOWN OF
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12571

Registered No. 37
(For use of Local Registrar)

(2) Full Name of Child

Clarence Andrew Glover

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

(7) BOY OR GIRL <u>Boy</u>	(8) Twin or Triplet To be answered only in event of Twins or Triplets	(9) Number in order of birth	(10) Are Parents Married <u>Yes</u>	(11) DATE OF BIRTH <u>5/24/35</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(12) FULL NAME <u>William S. Glover</u>			(13) NAME BEFORE MARRIAGE <u>Lula Mae Watson</u>	
(14) PRESENT POSTOFFICE OF FATHER <u>Graniteville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Graniteville, S.C.</u>	
(16) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(18) BIRTHPLACE <u>Graniteville, S.C.</u>			(19) BIRTHPLACE <u>Graniteville, S.C.</u>	
(20) OCCUPATION <u>ventile</u>			(21) OCCUPATION <u>Domestic</u>	
(22) Number of children born to mother, including present birth <u>2</u>			(23) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive at 5:35 AM., on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(25) (Signature) Walter Turnbull, M.D.
(26) State whether Physician or Midwife Physician (27) Address of Physician or Midwife Graniteville, S.C.

(Given name added from a supplemental report)

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

(29) Filed 5/31/35 (30) Walter Turnbull, M.D. 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.

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