

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.

(1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

(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

76013

Registration District No. 9A Registered No. 1002

(For use of Local Registrar)

(2) Full Name of Child James Glover { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept 23, 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Nero Glover(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth { 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE Liza Parker(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE Charleston(19) OCCUPATION Domestic(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 born alive at 12 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. M. Green(24) State whether Physician or Midwife (25) Address of Physician or Midwife 17 N. Main

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness Mrs. R. R. Meyer

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

(27) Filed 9/23

1916

(28)

J. McRae 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.