

Form No. 1

(1) PLACE OF BIRTH

County of GasperTownship of Jeff Davisor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

15379

Registration District No. 2601 Registered No. 38
(For use of Local Registrar)(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 Marie Glover If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH May 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nelson Jones(9) PRESENT POSTOFFICE OF FATHER Cosawhatchie, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Glover(15) PRESENT POSTOFFICE OF MOTHER Cosawhatchie, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 13
(Years)(18) BIRTHPLACE Cosawhatchie, S.C.(19) OCCUPATION House work(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 Alice at 2 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Murray(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Cosawhatchie, S.C.

Given name added from a supplemental report

(26) Witness A. L. Roberts
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 5/22 19 22 (28) R. W. Roberts
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. WHEN IN A FURNISHED HIGHER, and make the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM EACH CHILD, and make the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MCLEAN OF COLUMBIA, COLUMBIA, S. C.