

Form No. 1

(1) PLACE OF BIRTH

County of Gasper  
Township of Georgetown  
or  
Inc. Town of  
or  
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) SEX OR CHILD 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 Wilson 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 Farm Laborer

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 15  
(Years)  
(18) BIRTHPLACE Cosawhatchie S.C.  
(19) OCCUPATION House work

(20) Number of children born to mother, including present birth 1 (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  
.....  
.....  
..... 19 ..  
Registrar

(26) Witness R. 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 FURNACE OR BURNED.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGAW OF COLUMBIA, COLUMBIA, S. C.