

FORM NO. 1

(1) PLACE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA
 Township of Church Church Bureau of Vital Statistics
 Inc. Town of Connetquot State Board of Health

File No. — For State Registrar Only
80620

City of Connetquot Registration District No. 701 Registered No.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)
 St. Ward

(2) Full Name of Child Peter 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 27, 1916
 (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|--|--|
| (8) FULL NAME <u>William J. Glover</u> | (14) NAME BEFORE MARRIAGE <u>Harriet L. Lomax</u> | (15) PRESENT POSTOFFICE OF FATHER <u>McCluskey St.</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>McCluskey St.</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u> </u> (Years) | (16) COLOR OR RACE <u>White</u> | (17) AGE AT LAST BIRTHDAY <u>26</u> (Years) |
| (12) BIRTHPLACE <u> </u> | (13) OCCUPATION <u> </u> | (18) BIRTHPLACE <u>Charleston, S.C.</u> | (19) OCCUPATION <u>Farming</u> |
| (20) Number of children born to mother, including present birth <u>3</u> | (21) Number of children of this mother now living, including present birth <u>3</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Glover (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McCluskey St.

Given name added from a supplemental report

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

(27) Filed Oct 31, 1916 (28) W. J. Glover 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.
 WHITE 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