

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. P. St. M.  
 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

27572

Registration District No. 909 Registered No. 148  
 (For use of Local Registrar)

(No. #5 Meeting St road Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Glover

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

3. BOY OR GIRL Girl

4. Twin or Triplet

5. Number in order of birth  
 To be answered only in event of Twin or Triplet

6. Are Parents Married yes

7. DATE OF BIRTH Sept. 12, 1923  
 (Name, Month, Day, Year)

## FATHER.

8. FULL NAME Willis Glover

9. PRESENT POSTOFFICE OF FATHER Meyers P. C.

10. COLOR OR RACE colored 11. AGE AT LAST BIRTHDAY 23  
 (Year)

12. BIRTHPLACE Charleston S.C.

13. OCCUPATION labor

14. Number of children born to mother, including present birth 12

## MOTHER.

14. NAME BEFORE MARRIAGE Ethel Johnson

15. PRESENT POSTOFFICE OF MOTHER Meyers P. C.

16. COLOR OR RACE colored 17. AGE AT LAST BIRTHDAY 19  
 (Year)

18. BIRTHPLACE Charleston S.C.

19. OCCUPATION domestic

20. Number of children of this mother now living, including present birth 12

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sarah Behnke M. D. Glick

(24) State whether Physician or Midwife (25) Address of Physician or Midwife # 17 Bush Ave. Olney

Given name added from a supplemental report.

(26) Witness .....  
 (Signature of Witness necessary only when question 22 is signed by father)

(27) Filed Sept. 18, 1923 (28) C. F. Myers  
 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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