

(1) PLACE OF BIRTH

County of OrangeburgTownship of Lincolnton

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bessie Glover

File No. - For State Registrar Only

4860

Registration District No. 3611 Registered No. 8
(For use of Local Registrar)

(No. St. Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 29, 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lincoln Glover(9) PRESENT POSTOFFICE OF FATHER Jamison(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE

Orangeburg County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Rosalee Brown(15) PRESENT POSTOFFICE OF MOTHER Jamison(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE

Orangeburg County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:15 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) Lincoln Glover (24) State whether Physician or Midwife (25) Address of Phys. or Midwife

Given name added from a supplemental report

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

(27) Filed Mar. 7, 1923 (28) H. H. Lacey 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.

REMARKS: WHEN ANSWERING FOR BIRTH, WITH UNPAID TAXES, THIS IS A PERMANENT RECORD. IF BIRTH OCCURS IN A HOSPITAL OR OTHER INSTITUTION, GIVE NAME OF SAME INSTEAD OF STREET AND NUMBER. IF CHILD IS NOT YET NAMED, MAKE SUPPLEMENTAL REPORT AS DIRECTED.