

## (1) PLACE OF BIRTH

County of Charleston Co.

Township of .....

or  
Inc. Town of .....City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 1a.—For State Registrar Only

3188

Registration District No. 9 ARegistered No. 271  
(For use of Local Registrar)(No. 312 Branch) (St. 1 Ward)(2) Full Name of Child Louella Veronica Glover

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Birth <u>Full</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 1<sup>st</sup> 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James H. Glover(9) PRESENT RESIDENCE OF FATHER Charleston, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Year)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Accountant(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucie Theodosia Johnson(15) PRESENT RESIDENCE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Student(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born at 11:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour, P. M. or Midnight)(22) (Signature) James H. Glover

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife 1405 1/2 9th St.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed by marks)

(26) Filed 2/7 23 (27) Local Registrar James H. Glover

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.