

PLACE OF BIRTH

County of Barrow
 Township of Barrow
 or
 the Town of Barrow
 or
 City of

CERTIFICATE OF BIRTH

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

No. 12948

Registration District No. 501 Registered No. 20
 (For use of Local Registrar)

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

(1) Full Name of Child May Catherine Glover If child is not yet named, make supplemental report as directed

(2) Sex of Child girl (3) Time of birth no (4) Date of birth May 19 1923
 To be given only in case of Twin or Triple

FATHER.
 (5) Full name Nesmy Glover
 (6) Present residence of father Barrow
 (7) Color of father negro (8) Age at last birthday 36
 (9) Birthplace Barrow, Alaska
 (10) Occupation Day labourer
 (11) Number of children born to mother, including present birth 3

MOTHER.
 (12) Name before marriage Jessie Glover
 (13) Present residence of mother Barrow, Alaska
 (14) Color of mother negro (15) Age at last birthday 23
 (16) Birthplace Barrow, Alaska
 (17) Occupation Day labourer
 (18) Number of children of mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(20) (Signature) Ellen Halmon
 (21) State whether Physician or Midwife Midwife (22) Address of Physician or Midwife Barrow, Alaska

Given name added from a supplemental report
 19

(23) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (24) Filed May 19 1923 (25) N. F. Kirkland 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.