

Form No. 1

(1) PLACE OF BIRTH

County of AllendaleTownship of Allendale

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
17391Registration District No. 4600Registered No. 60
(For use of Local Registrar)

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

(2) Full Name of Child Carrie C. Glover

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

(3) BOY OR GIRL
Girl(4) Twin or Triplet?
No(5) Number in order of birth
1

To be answered only in event of Twin or Triplet

(6) Are Parents Married?
Yes(7) DATE OF BIRTH
June 18 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME
Walter Glover(9) PRESENT POSTOFFICE OF FATHER
Allendale(10) COLOR OR RACE
Negro(11) AGE AT LAST BIRTHDAY
25

(Years)

(12) BIRTHPLACE
S.C.(13) OCCUPATION
Farm Labor(20) Number of children born to mother, including present birth
One

MOTHER.

(14) NAME BEFORE MARRIAGE
Esther C. Nicholson(15) PRESENT POSTOFFICE OF MOTHER
Allendale(16) COLOR OR RACE
Negro(17) AGE AT LAST BIRTHDAY
23

(Years)

(18) BIRTHPLACE
S.C.(19) OCCUPATION
Farm Labor(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 Carrie C. Glover at 6 a.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Georgia Cady(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Allendale

Given name added from a supplemental report

(26) Witness F. H. Boyd M.D.

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

(27) Filed June 18, 1922(28) F. H. Boyd M.D.

Local Registrar

*When there was no attending physician or midwife, then the father, householder, e.c. should make this return. If a child breathes even once, it must not be reported as stillborn. No report desired of stillbirths before the fifth month of pregnancy.

THIS IS A PERMANENT RECORD. 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.