

(1) PLACE OF BIRTH
 County of Calhoun
 Township of Caneau
 or
 Inc. Town of Registration District No. S. 21 Registered No. 81
 or
 City of (No. St.; Ward)
 (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

File No.—For State Registrar Only
75915

(2) Full Name of Child } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>4</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 25, 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Henry Glover

(9) PRESENT POSTOFFICE OF FATHER St Matthews

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { Four }

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Duskon

(15) PRESENT POSTOFFICE OF MOTHER St Matthews

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Home and

(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was white at 11 P. M., on the date above stated. (Born alive ~~or~~ stillborn) (Hour A. M. or P. M.)

(23) (Signature) Henry X. Whitehouse

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....

 Registrar

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

(27) Filed Oct 2, 1916 (28) J. H. Mansfield 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.