

Form No. 1

(1) PLACE OF BIRTH

County of BarnwellTownship of Bull Pondor
Inc. Town of

City of

(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

58722

Registration District No. 505 Registered No. 36

(For use of Local Registrar)

(2) Full Name of Child

Nancy Glover

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH May 8 1916

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James Glover

(9) PRESENT POSTOFFICE OF FATHER

Barton SC

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Bull Pond

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

6

MOTHER

(14) NAME BEFORE MARRIAGE

Stacie Brown

(15) PRESENT POSTOFFICE OF MOTHER

Barton SC

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

26

(18) BIRTHPLACE

Bull Pond

(19) OCCUPATION

Farmer's Wife

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) Bella T. Saxon

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Accadue SC

Given name added from a supplemental report

1916

Registrar

(26) Witness

M. D. Rouse

(27) Filed

1916

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

J. A. Rouse

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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McGraw-Hill