

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orangeburg

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19739

Registration District No. 3613 Registered No. 69
(For use of Local Registrar)(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Joe Glover If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 10, 1972
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Glover(9) PRESENT POSTOFFICE OF FATHER Orangeburg SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37
(Year)(12) BIRTHPLACE Orby co SC(13) OCCUPATION Farm(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Bucardio(15) PRESENT POSTOFFICE OF MOTHER Orby co SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 36
(Year)(18) BIRTHPLACE Orby co SC(19) OCCUPATION Worke on farm(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was above at 7 a M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizio Haynes(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 15, 1972 (28) A. T. Frazier 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.