(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
8302

County of Charleston
Township of St. P. S. M.
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 909 Registered No. 39
(For use of Local Registrar)

(No. 5 Mile St.; ..... Ward)

(2) Full Name of Child May Glover

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

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Girl			Yes	Feb	20	1923

FATHER.

(8) FULL NAME Jacob Bonaparte
(9) PRESENT POSTOFFICE OF FATHER Unknown
(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Hamlin S. C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mabel Glover
(15) PRESENT POSTOFFICE OF MOTHER Myers S. C
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Camden S. C
(19) OCCUPATION Housework
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Washington
(24) State whether Physician or Midwife: M. Midwife
(25) Address of Physician or Midwife .....

(Given name added from a supplemental report)
..... 19 ....
..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jun 21 1923 (28) C. T. Myers 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.

BOARD OF HEALTH, COLUMBIA, S. C.
FIRST-BORN. No. 1. THIS OTHER, No. 2, etc., in question 4.