

(1) PLACE OF BIRTH

County of

Township of

or
nc. Town of *Charleston*or
ity of *S. C.*

(If birth occurs in a hospital or

No. *St. Francis X. Inf.*

Institution, give name of same

Instead of street and number.)

.) Full Name of Child *Emma Ruthless Glover**Legatha Thomas*3) ~~BOY~~ OR GIRL? *X*(4) Twin or Triplet? *X*(5) Number in order of birth *3*

Is he entered only in case of twins or triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb 21 1922*

(Name of Month) (Day) (Year)

(8) FULL NAME *Charles W. H. Glover*(9) PRESENT POSTOFFICE OF FATHER *Charleston S. C.**139 Ashley Ave.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *36*

(Years)

(12) BIRTHPLACE *John's Island*(13) OCCUPATION *Supply officer*Number of children born to mother, including present birth *Third*(14) NAME BEFORE MARRIAGE *Richardie Jenkins*(15) PRESENT POSTOFFICE OF MOTHER *Charleston S. C.**139 Ashley Ave.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *36*

(Years)

(18) BIRTHPLACE *John's Island*(19) OCCUPATION *House Wife*(20) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *Alive*

on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *called*

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

even name added from a supplemental report

5-27-47*Thos P. Linsane*

Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *9A*Registered No. *246*

(For use of Local Registrar)

St. *Ward*

Instead of street and number.)

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

5) ~~BOY~~ OR GIRL? *X*(6) Twin or Triplet? *X*(7) Number in order of birth *3*

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(Years)

(14) BIRTHPLACE *John's Island*(15) OCCUPATION *House Wife*(16) Number of children of this mother now living, including present birth *3*

File No.—For State Registrar Only

3401

Registrar Only

247

Registrar

Ward

Instead of street and number.)

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(Years)

(14) BIRTHPLACE *John's Island*(15) OCCUPATION *House Wife*(16) Number of children of this mother now living, including present birth *3*(17) Number of children of this mother now living, including present birth *3*(18) Number of children of this mother now living, including present birth *3*(19) Number of children of this mother now living, including present birth *3*(20) Number of children of this mother now living, including present birth *3*(21) Number of children of this mother now living, including present birth *3*(22) Number of children of this mother now living, including present birth *3*(23) Number of children of this mother now living, including present birth *3*(24) Number of children of this mother now living, including present birth *3*(25) Number of children of this mother now living, including present birth *3*(26) Number of children of this mother now living, including present birth *3*(27) Number of children of this mother now living, including present birth *3*(28) Number of children of this mother now living, including present birth *3*(29) Number of children of this mother now living, including present birth *3*(30) Number of children of this mother now living, including present birth *3*(31) Number of children of this mother now living, including present birth *3*(32) Number of children of this mother now living, including present birth *3*(33) Number of children of this mother now living, including present birth *3*(34) Number of children of this mother now living, including present birth *3*(35) Number of children of this mother now living, including present birth *3*(36) Number of children of this mother now living, including present birth *3*(37) Number of children of this mother now living, including present birth *3*(38) Number of children of this mother now living, including present birth *3*(39) Number of children of this mother now living, including present birth *3*(40) Number of children of this mother now living, including present birth *3*(41) Number of children of this mother now living, including present birth *3*(42) Number of children of this mother now living, including present birth *3*(43) Number of children of this mother now living, including present birth *3*(44) Number of children of this mother now living, including present birth *3*(45) Number of children of this mother now living, including present birth *3*

*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.

(Date of)

Registrar.

Filed *21 FEB 22*Cor. *19-9-37*

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