

Form No. 5.

MARGIN RESERVED FOR BENDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Saluda
 Township of H.
 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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20046

Registration District No. 3103 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child

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 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June 10 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall Glover
 (9) PRESENT POSTOFFICE OF FATHER Johnston St R 78
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Edgefield Co SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Jell Stevens
 (15) PRESENT POSTOFFICE OF MOTHER Johnston St
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE Edgefield Co SC
 (19) OCCUPATION Housewife
 (21) 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 alive at 10 AM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. O. W. Johnston St
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Johnston St

Given name added from a supplemental report

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

(27) Filed June 24 1922. (28) J. B. Branch 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.

Registrar I 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.