(1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia S.C. No. 1210½ Gregg St. St.; ..... Ward)

(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
16477

Registration District No. 38a Registered No. 1400
(For use of Local Registrar)

(2) Full Name of Child. Albert Glover Jr. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy

(4) Twin or triplet? (5) Number in order of birth
(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? yes

(7) DATE OF BIRTH May 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Albert Glover

(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Columbia, S.C.

(13) OCCUPATION Hotel porter

(20) Number of children born to mother, including present birth { nine

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Billings

(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Columbia, S.C.

(19) OCCUPATION House keeper

(21) Number of children of this mother now living, including present birth { two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 P.M., on the date above stated.
(Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Susan X. Smith

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 2920 Hardy St.

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed 6-10 1922 (28) ..... 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.

If a child breathes even once, it must not be reported as stillborn. No report is desired of still[illegible] before the fifth month of pregnancy.