

(1) PLACE OF BIRTH

County of Pickens
 Township of 2nd
 or
 Inc. Town of Easley
 or
 City of Easley

(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

Registration District No. 37-2

File No.—For State Registrar Only

31774

Registered No. 129
 (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

(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 Oct 14 22
 (If child is not yet named, make supplemental report as directed)

FATHER
 (8) FULL NAME R. L. Glover
 (9) PRESENT POSTOFFICE OF FATHER Easley P.O.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE Rayburn W. Va
 (13) OCCUPATION Teacher

MOTHER
 (14) NAME BEFORE MARRIAGE Minna Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Easley P.O.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
 (18) BIRTHPLACE Pickens S.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Leedy W. D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Easley, S.C.

Given name added from a supplemental report

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

(27) Filed Oct 2 1922 (28) E. H. Nyatt 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.

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