

(1) PLACE OF BIRTH

County of Charleston
 Township of St. P. St. M.

or
 Inc. Town of

or
 City of Navy Yard

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 909

File No.—For State Registrar Only

6922

Registered No. 46
 (For use of Local Registrar)

(2) Full Name of Child Clarence Andrew 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 4, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence A. Glover

(9) PRESENT POSTOFFICE OF FATHER Navy Yard S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Grotonville S.C.

(13) OCCUPATION Clerk

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Verma A. Jackson

(15) PRESENT POSTOFFICE OF MOTHER Navy Yard S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Grotonville S.C.

(19) OCCUPATION Domestic

(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 alive at 9:15 P.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) V. H. Williams
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife North Charleston

Given name added from a supplemental report

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

(27) Filed March 4, 1922 (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.

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REG. OF COLUMBIA, COLUMBIA, S. C.