

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 or
 Inc. Town of Kroyton
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20234

Registration District No. 4008

Registered No. 161
 (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 Elizabeth Glover

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

(3) BOY OR GIRL? girl
 (4) Twin or Triplet? _____
 (5) Number in order of birth _____
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Apr 19, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ralph Glover
 (9) PRESENT POSTOFFICE OF FATHER Drayton SC
 (10) COLOR OR RACE white
 (11) AGE AT LAST BIRTHDAY 23 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Ella May Collins
 (15) PRESENT POSTOFFICE OF MOTHER Drayton SC
 (16) COLOR OR RACE white
 (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE NC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3

(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 born at 9:1 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Chapman

(24) State whether Physician or Midwife Phys

(25) Address of Physician or Midwife Drayton SC

Given name added from a supplemental report

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

(27) Filed 5-1-22 (28) R. J. Parker 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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