

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Brookton

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

41845

Registration District No. 14.03Registered No. 8.1

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Glover(9) PRESENT POSTOFFICE OF FATHER Islandton S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 15

MOTHER

(14) NAME BEFORE MARRIAGE Blara Hays(15) PRESENT POSTOFFICE OF MOTHER Islandton S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. E. L. Snafelt

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Islandton S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 1, 1923 (28) Mrs. H. L. Godley
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.

W. 30—In case of twins the child must be reported as a stillborn if it breathes even once, and mark the sex of each child. In case of triplets, etc., in question 3, etc., in question 4.

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