

(1) PLACE OF BIRTH

County of Colleton

Township of Wander

Sec. Town of

City of

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

(2) Full Name of Child Willie Glover

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

(3) SEX OF CHILD Boy (4) TIME OF BIRTH 10:30 (5) DATE OF BIRTH Jan 26, 1923

(6) NAME OF FATHER Joe Glover (7) NAME OF MOTHER Wickie Glover

(8) COLOR OF FATHER Black (9) COLOR OF MOTHER Black

(10) AGE AT LAST BIRTH 30 (11) AGE AT LAST BIRTH 29

(12) OCCUPATION Farmer (13) OCCUPATION Domestic

(14) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN 6 (15) NUMBER OF CHILDREN OF THIS MOTHER, NOW BORN, INCLUDING PRESENT BORN 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (17) (Signature) Liza Boyers (18) State whether Physician or Midwife Midwife (19) Address of Physician or Midwife Waller

(20) Witness (Signature of Witness necessary only when question 13 is signed by mark) 19 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report 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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