

(1) PLACE OF BIRTH

County of Colleton  
Township of Wadsworth  
or  
The Town of.....  
or  
City of.....

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

7-30

Registration District No. 409 Registered No. 1  
(For use of Local Registrar)

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

(2) Full Name of Child Miller Glover

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

(3) SEX OF CHILD <u>Boy</u>	(4) TIME OF BIRTH To be reported in case of Twin or Triplet	(5) RACE OF CHILD <u>Caucasian</u>	(6) DATE OF BIRTH <u>Jan 26 1923</u>
FATHER		MOTHER	
(8) NAME <u>Joe Glover</u>		(14) NAME (Maiden) <u>Veck Johnson</u>	
(9) RESIDENCE <u>Wadsworth</u>		(15) RESIDENCE <u>Wadsworth S.C.</u>	
(10) COLOR <u>Wh</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(16) COLOR <u>Wh</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(12) OCCUPATION <u>P.C.</u>		(18) OCCUPATION <u>P.C.</u>	
(13) Number of children born to mother, including present birth <u>6</u>		(19) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Mark "A" or "S.")

(21) (Signature) Liza Boyers  
(22) State whether Physician or Midwife (23) Address of Physician or Midwife  
Wadsworth

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Mrs. M. M. Russell  
(25) Date Feb 9 1923 (26) Local 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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