

(1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

Inc. Town of

City of

(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 Archie Glover

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

(3) SEX OR CHILD <u>B</u>	(4) Type or Vaginal	(5) Number in order of birth	(6) Age of mother <u>yes</u>	(7) DATE OF BIRTH <u>Mar 21 1923</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Archie Glover</u>	(14) NAME BEFORE MARRIAGE <u>Virginia Harward</u>	(9) PRESENT RESIDENCE OF FATHER <u>St. Stephens</u>	(15) PRESENT RESIDENCE OF MOTHER <u>St. Stephens</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>36</u>
(12) BIRTHPLACE <u>St. Stephens</u>	(18) OCCUPATION <u>Farming</u>	(19) BIRTHPLACE <u>St. Stephens</u>	(20) OCCUPATION <u>Farm-wife</u>
(21) Number of children born to mother, including present birth <u>5</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 60 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Willie Nailor (25) Address of Physician or Midwife Willie Nailor St. Stephens

Given name added from a supplemental report

h.A.A.affid. 4/24/23

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

(27) Filed Mar 28 1923 (28) W. A. Ford

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.