

1. PLACE OF BIRTH
City Charleston

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only

31333A

2. City of Charleston, S. C.

Registration District No. _____

Registered No. 419A

(For use of Local Registrar)

3. Full Name of Child Julius Thaddeus Glover

4. Sex of Child Boy 5. Date of Birth Oct. 6th, 1923

6. Name of Father Samuel A. Glover 7. Name of Mother Flores Dingle

8. Residence (usual place of abode) 130 Rutledge Ave. 9. Residence (usual place of abode) 130 Rutledge Ave.

10. Color or race Colored 11. Age at last birthday 23 (Years)

12. Birthplace (city or place) Oakley, S. C. 13. Birthplace (city or place) Buttawville, S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 15. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic

16. Date (month and year) last engaged in this work 1923 17. Total time (years) spent in this work 19 18. Date (month and year) last engaged in this work 1923 19. Total time (years) spent in this work 19

20. Number of children of this mother (At time of this birth and including this child) 4 (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn 0

21. If stillborn, period of gestation 9 months 22. Cause of stillbirth Before labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11:00 P.M. on Oct. 6th, 1923 at 11:00 P.M.

(Signed) W. H. Price M.D.

or Physician Midwife

Address Calhoun St., Charleston, S. C.

Date Oct 26, 1923

Signature W. H. Price

Signature W. H. Price

Signature W. H. Price

Signature W. H. Price

Signature W. H. Price