

(1) PLACE OF BIRTH

County of Spokane
 Township of West
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

22540

Registration District No. H.O.C. Registered No. 96

(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 Glover Julian Nesbitt If child is not yet named, make supplemental report as directed

(1) SEX OR GEAR Boy (2) Twin or Triplet No (3) Number in order of birth 1 (4) Are Parents Married yes (5) DATE OF BIRTH July 11 1923
 To be answered only in event of Twin or Triplet

FATHER.
 (6) FULL NAME Glover Nesbitt
 (7) PRESENT POSTOFFICE OF FATHER Manassas R. Hd.
 (8) COLOR OR RACE Col (9) AGE AT LAST BIRTHDAY 29
 (10) BIRTHPLACE Spokane Co. Id.
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 2

MOTHER.
 (13) NAME BEFORE MARRIAGE Eula Cross
 (14) PRESENT POSTOFFICE OF MOTHER Manassas R. Hd.
 (15) COLOR OR RACE Col (16) AGE AT LAST BIRTHDAY 25
 (17) BIRTHPLACE Spokane Co. Id.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Laisy Scott

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Manassas R. Hd.

Given name added from a supplemental report

(24) Witness

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

(25) Filed

July 20 1923

(26)

Chapman
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.