

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.  
MEAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH			CERTIFICATE OF BIRTH		File No.—For State Registrar Only		
County of <u>Calhoun</u>			STATE OF SOUTH CAROLINA		88628		
Township of <u>Amelia</u>			Bureau of Vital Statistics				
or			State Board of Health				
Inc. Town of .....			Registration District No. <u>500</u>		Registered No. <u>175</u>		
or					(For use of Local Registrar)		
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 <u>Ellen Glover</u>						If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec</u> , <u>15</u> , 19 <u>16</u>			
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)				
FATHER.			MOTHER.				
(8) FULL NAME <u>Philip Glover</u>			(14) NAME BEFORE MARRIAGE <u>Anna Bricker</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>St. Matthews Sc.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>St. Matthews</u>				
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(Years)		(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>		
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>				
(13) OCCUPATION <u>Farmer Laborer</u>			(19) OCCUPATION <u>Farmer Laborer</u>				
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>2 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)							
(23) (Signature) <u>Anna X Hampton</u>							
(24) State whether Physician or Midwife <u>midwife</u>						(25) Address of Physician or Midwife <u>St. Matthews</u>	
Given name added from a supplemental report			(26) Witness <u>AR Robb</u>				
			(Signature of Witness necessary only when question 23 is signed by mark)				
....., 19 .....			(27) Filed <u>Dec 23</u> , 19 <u>16</u>			(28) <u>AR Robb</u> Local Registrar	
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.