

Form No. 1

(1) PLACE OF BIRTH

County of SpartanburgTownship of Providenceor
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

22717

Registration District No. H.105Registered No. 53
(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 James Alexander Glover If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 27, 23
(Month of Birth) (Day) (Year)FATHER. (8) FULL NAME Callie Glover (9) PRESENT POSTOFFICE OF FATHER Dalzell S.C. (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Year)MOTHER. (12) NAME BEFORE MARRIAGE Caroline Mahony (13) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.(14) COLOR OR RACE Col (15) AGE AT LAST BIRTHDAY 20 (Year)(16) BIRTHPLACE S.C. (17) OCCUPATION Housewife(18) OCCUPATION Farmer (19) Number of children of this mother now living, including present birth 220 Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 7 a. M., on the date above stated. (Born alive or stillborn Hour A. M. or P. M.)(22) (Signature) Callie Glover (23) Address of Physician or Midwife Dalzell S.C.(24) State whether Physician or Midwife maize (25) Address of Physician or Midwife Evansville(26) Witness W. B. Raffield (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 5, 1923 (28) W. B. Raffield 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.