

vol 10

PLACE OF BIRTH

County of Jefferson  
City of Memphis  
Town of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Department of Health  
Registration District No. 2619

FILE No. 11625  
Registered No. 15  
(For use of Local Registrar)

FULL NAME OF CHILD

Isadora Victoria Glover

Sex of Child Girl  
If Plural Births \_\_\_\_\_  
4. Twin, triple, or other \_\_\_\_\_  
5. Number, in order of birth \_\_\_\_\_

6. Premature \_\_\_\_\_  
7. Legitimate \_\_\_\_\_  
8. Date of Birth March 20, 1923  
(Month, day, year)

FATHER  
Full name Nictor Glover

Residence (usual place of abode)  
(If nonresident, give place and State) Cory 422

Color or race col 12. Age at last birthday 30 (Years)

Birthplace (city or place)  
(State or country) Waukegan, Ill

14. Trade, profession, or particular kind of work done, as planer, Sawyer, bookkeeper, etc. Farmer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_

MOTHER  
Full maiden name Florence Walker

19. Residence (usual place of abode)  
(If nonresident, give place and State) Waukegan, Ill

20. Color or race col 21. Age at last birthday 30 (Years)

22. Birthplace (city or place)  
(State or country) Cory 422

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Farmer wife

24. Industry or business in which work was done, as silk mill, lawyer's office, cloth mill, etc. \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

Number of children of this mother (At time of this birth and including this child) 2 (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_ During labor \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive at 100 m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, housekeeper, etc., should make this return.

pen name added from \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Rebecca M. Walton M. D.

Address Waukegan, Ill

Filed 5/2 1923 11625

Registrar