Form No. 1

(1) PLACE OF BIRTH
County of Colleton
Township of Pine Grove
or
Inc. Town of Lone Star SC
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
394

Registration District No. 803 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Bowman Glover JR
If child is not yet named, make supplemental report as directed

(3) Sex of Child —
(4) Twin or Triplet —
(5) Number in order of birth 5
To be answered only in event of Twins or Triplets
(6) Are parents Married? Yes
(7) DATE OF BIRTH (Month) Jan (Day) 1 (Year) 23

FATHER.

(8) FULL NAME Bowman Glover
(9) PRESENT POSTOFFICE OF FATHER Ly Motte S.C.
(10) COLOR OR RACE Negro
(11) AGE AT LAST BIRTHDAY 36 (Years)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Glover
(15) PRESENT POSTOFFICE OF MOTHER Ly Motte S.C.
(16) COLOR OR RACE Negro
(17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Wife
(21) Number of children of this mother now living, including present birth ^

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katy Buchanan
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Ly Motte S.C.

Given name added from a supplemental report
..... 19.....
Registrar

(26) Witness Mrs L D Stoudemire
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 10 19 23 (28) L D Stoudemire
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.