

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of Concordor
Inc. Town ofor
City of

(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

18216

Registration District No. 1302 Registered No. 57
(For use of Local Registrar)(2) Full Name of Child Sarah Glover (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Gr</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Glover</u>			(14) NAME BEFORE MARRIAGE <u>Magline Glover</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Summerton S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Summerton S.C.</u>	
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Clarendon Co</u>			(18) BIRTHPLACE <u>Clarendon Co</u>	
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>Home friend</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 Alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rosena Rogers(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summerton S.C.

Given name added from a supplemental report

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

(27) Filed June 30, 1922 (28) H. C. Richburg 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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.