

(1) PLACE OF BIRTH

County of Orangeburg
Township of Missile
OF
INC. TOWN OF
OR
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36038

Registration District No. 3620

Registered No. 81
(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 Albert Glover

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 10, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Glover
(9) PRESENT POSTOFFICE OF FATHER Bowman, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26
(Year)

(12) BIRTHPLACE Orangeburg Co.
(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Houser
(15) PRESENT POSTOFFICE OF MOTHER Bowman, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE Orangeburg Co.
(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bowman, S.C.

Given name added from a supplemental report

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

(27) Filed 11-6 1922 (28) W. S. Dukes 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.