

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia

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

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of ..... Registration District No. 41A Registered No. 12  
 or  
 City of Charleston (No. 24 Romney St. (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.; ..... Ward)

File No.—For State Registrar Only—  
**45610**

(2) Full Name of Child William 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 1 3 1911  
Is he supposed only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Daniel Glover  
 (9) PRESENT POSTOFFICE OF FATHER Charleston  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Labour (Day)  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Lawrence  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION Domestic (Housework)  
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at ..... 7:30 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) L. M. McMillan, M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Boyer Hospital

Given name added from a supplemental report  
 ..... 191....  
 .....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 1/5 1916 (28) J. Marcus Green, M.D. 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.