

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of City
 or
 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
31563

Registration District No. 36a

Registered No. 144
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ames Glover

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 19 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ames Glover
 (9) PRESENT POSTOFFICE OF FATHER City S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE City Co. S.C.
 (13) OCCUPATION Street Laborer

MOTHER

(14) NAME BEFORE MARRIAGE Ada Harrison
 (15) PRESENT POSTOFFICE OF MOTHER City S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20
 (Years)
 (18) BIRTHPLACE City Co. S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 3

(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 12:30 PM.
 on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Sara Harrison(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife City S.C.

Given name added from a supplemental report

(26) Witness

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

(27) File

Oct 19 1922

(28)

W. H. Dubois

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.