

(1) PLACE OF BIRTH

County of Barnwell
 Township of Rock Castle
 or
 Inc. Town of Southway
 or
 City of Southway

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

File No.—For State Registrar Only

10042

Registration District No. 509 Registered No. 16
 (For use of Local Registrar)

St.; Ward)

(No.)

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

(2) Full Name of Child Emmie Glover

3. BOY OR
 GIRL girl

4. Twin or
 Triplet?

To be answered only in event of Twins or Triplets

5. Number in
 order of birth

6. Are
 Parents
 Married? no

7. DATE OF
 BIRTH April 25, 2

(Name of Month) (Day) (Year)

FATHER.

8. FULL
 NAME Not known

9. PRESENT
 POSTOFFICE
 OF FATHER

10. COLOR
 OR
 RACE

11. AGE AT LAST
 BIRTHDAY
 (Years)

12. BIRTHPLACE

13. OCCUPATION

MOTHER.

14. NAME BEFORE
 MARRIAGE Charity Glover

15. PRESENT
 POSTOFFICE
 OF MOTHER Barnwell

16. COLOR
 OR
 RACE negro

17. AGE AT LAST
 BIRTHDAY 21
 (Years)

18. BIRTHPLACE Barnwell Co,

19. OCCUPATION Farmer

20. Number of children born to
 mother, including present birth

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 born alive. 1 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Belle M. Searcy

(24) State whether Physician or Midwife Physician Address of Physician or Midwife Barnwell

Given name added from a supplement-
 al report

(25) Witness

(Signature of Witness necessary only
 when question 22 is signed by mark)

(27) Filed

May 9th 1922

(28)

M. M. Parker

Local Registrar

19.....
 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.