

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Loc. Town of

or

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

37286

Registration District No.....

Registered No. 5-8

(For use of Local Registrar)

(No. .... St.; .... Ward)

## (2) Full Name of Child

Glover M. Creamer

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Glover M. Creamer

(9) PRESENT POSTOFFICE OF FATHER

Barnwell S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

42 (Years)

(12) BIRTHPLACE

Barnwell Co.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ira Samerson

(15) PRESENT POSTOFFICE OF MOTHER

Barnwell S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

22 (Years)

(18) BIRTHPLACE

Barnwell Co.

(19) OCCUPATION

Farmer

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

2

(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 born alive at 11:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature)

Ira Samerson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 2nd 1911

(28)

Ira Samerson 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.