MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING 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.

Bureau of Statistics, Columbia, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 27525

(1) PLACE OF BIRTH

County of Charleston

Township of Mount Pleasant

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 901 Registered No. 121 (For use of Local Registrar)

(2) Full Name of Child Celia Glover — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Sept 19 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Frank Glover	(14) NAME BEFORE MARRIAGE Elizabeth Scott
(9) PRESENT POSTOFFICE OF FATHER Mt Pleasant S.C.	(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Mt Pleasant SC	(18) BIRTHPLACE S.C.
(13) OCCUPATION Labore	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth Six	(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Elsie Palmer

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Mt Pleasant

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Sept 23 1923 (28) [illegible]
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.