

(1) PLACE OF BIRTH

County of Wm.burg
 Township of Kingstree
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only

30488

Registration District No. 4302 Registered No. 44
 (For use of Local Registrar)

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

(2) Full Name of Child Alberta M. E. Glary 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 (6) Age Parents Married? yes (7) DATE OF BIRTH Sept 1st 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jeff S. Mc. Glary
 (9) PRESENT POSTOFFICE OF FATHER Kingstree S. C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Years)
 (12) BIRTHPLACE Wm.burg Co. S. C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Peggie Scott
 (15) PRESENT POSTOFFICE OF MOTHER Kingstree
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Wm.burg Co. S. C.
 (19) OCCUPATION Housekeeper
 (20) Number of children born to mother, including present birth 8
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 5:10 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa + Wilson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Kingstree

Given name added from a supplemental report

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

(27) Filed Sept 27, 1923 (28) B. E. Glary 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.