

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

Inc. Town of

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

24873

Registration District No. 22894Registered No. 202
(For use of Local Registrar)(2) Full Name of Child Maxon Love

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

To be answered only in event of Twin or Triplet

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Maxon Love

(9) PRESENT POSTOFFICE OF FATHER

Green Valley SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Missouri

(13) OCCUPATION

Teacher

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

10

MOTHER.

(15) NAME BEFORE MARRIAGE

Ellen Beckman

(16) PRESENT POSTOFFICE OF MOTHER

Green Valley SC

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

32
(Years)

(19) BIRTHPLACE

Missouri

(20) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(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 Sept. 1, 1923. (28) Thos. J. McAlister
Registrar 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.

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