

(1) PLACE OF BIRTH

County of Anderson
 Township of Beaufort
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 301

File No.—For State Registrar Only

40802

Registered No. 60
(For use of Local Registrar)

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

(2) Full Name of Child

Benjamin Love

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? r (5) Number in order of birth ✓ (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 13, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adger Love
 (9) PRESENT POSTOFFICE OF FATHER Beaufort S.C. R#
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Blum
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C. R#
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE

(13) OCCUPATION

Farmer

(19) OCCUPATION

Housewife(20) Number of children born to mother, including present birth II(21) Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Pruitt(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Anderson, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 10, 1923

(28)

W. H. Campbell
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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