

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston

OR
 Inc. Town of.....

OR
 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 Junior Love

File No. — For State Registrar Only

41633

CERTIFICATE OF BIRTH

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

Registration District No. 1201 Registered No. 140
 (For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 19, 1913
 (If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Ernest K Love

(9) PRESENT POSTOFFICE OF FATHER Charleston SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
 (Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jackson

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18
 (Year)

(18) BIRTHPLACE SC

(19) OCCUPATION Farmer laborer

(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 Alive at 5 A.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Wm. C. Pagnon

(24) State whether Physician or Midwife Midwife (25) Address of Physn. or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 20 1913 (28) P. B. Ingram
 Local Registrar

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is needed of stillbirths before the fifth month of pregnancy.