

Form No. 1

(1) PLACE OF BIRTH

County of MarbleTownship of Red Hillor
Inc. Town ofor
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

Registration District No. 3307

File No.—For State Registrar Only

39439Registered No. 140
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Walter Love

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

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov 3 1927
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Love

(9) PRESENT POSTOFFICE OF FATHER

Blancher St

(10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farm.

MOTHER.

(14) NAME BEFORE MARRIAGE

Priscilla Blanton

(15) PRESENT POSTOFFICE OF MOTHER

Blancher St

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Darlington Co

(19) OCCUPATION

Housewife

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

4

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Dr. Elvix at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. Elvix

(24) State whether Physician or Midwife

mid wife

(25) Address of Physic or Midwife

Blancher St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov 14 1927

(28)

Local Registrar.

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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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WHEN FILLING IN THIS FORM, BE CAREFUL TO PRINT CLEARLY AND CORRECTLY. IN CASE OF TWINNING OR TRIPLETTING, USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE CHILDREN IN ORDER OF BIRTH. IN CASE OF TWINNING OR TRIPLETTING, USE A SEPARATE CARD FOR EACH CHILD, AND MARK THE CHILDREN IN ORDER OF BIRTH.