

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

(If birth occurs in a hospital or other institution, give name of street and number.)

Registration District No. 1105

File No.—For State Registrar Only

10490

Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child Luther Burn Love

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr. 9, 1922

(Name) (Month) (Day) (Year)

FATHER

(8) FULL NAME

Luther Love

(9) PRESENT POSTOFFICE OF FATHER

Lowryville S.C. R-1

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Chester Co

(13) OCCUPATION

Farmer

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

2

MOTHER

(14) NAME BEFORE MARRIAGE

Jessie Curry

(15) PRESENT POSTOFFICE OF MOTHER

Lowryville S.C. R-1

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(18) BIRTHPLACE

Chester Co

(19) OCCUPATION

Domestic

(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 6:12

on the date above stated

(23) (Signature)

W. R. Wallace

(24) State whether

Physician or Midwife

(25) Name of Physician or Midwife

Chester Co

Given name added from a supplemental report

(26) Witness

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

at 11:15 AM Apr. 13, 1922

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 solely for the purpose of receiving bounty.

FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

MADE BY COLUMBIA, COLUMBIA, S. C.