

See also Vol. 50-2090
Vol. 51-2234

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12599

County of Wicks

Township of Hammond

Inc. Town of

City of

Registration District No. Registered No.

(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 George 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? yes (7) DATE OF BIRTH Mar 3 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Manuel Love

(14) NAME BEFORE MARRIAGE Yussie Martin

(9) PRESENT POSTOFFICE OF FATHER Wingula, Ga. R. 7 B 4

(15) PRESENT POSTOFFICE OF MOTHER Wingula, Ga. R. 7 B 4

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 42 (Year)

(12) BIRTHPLACE Columbia County Ga.

(18) BIRTHPLACE Columbia County Ga.

(13) OCCUPATION Farmer

(19) OCCUPATION domestic

(20) Number of children born to mother, including present birth 1

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

(23) (Signature) Janie Hazel

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wingula, Ga. R. 7 B 4

(Given name added from a supplemental report)

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

(27) Filed June 14 1923 (28) J. J. Green, M.D. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD
M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

REC'D OF COLUMBIA, COLUMBIA, S. C.