

See also Vol. 50-2090
Vol. 51-2434

(1) PLACE OF BIRTH

County of Wickenburg
Township of Hammond
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12599

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.

(8) FULL NAME Manuel Love

(9) PRESENT POSTOFFICE OF FATHER Cinquela, Ga. R. 7 D 4

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

(12) BIRTHPLACE Columbia County Ga.

(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Eussie Martin

(15) PRESENT POSTOFFICE OF MOTHER Cinquela, Ga. R. 7 D 4

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

(18) BIRTHPLACE Columbia County Ga.

(19) OCCUPATION domestic

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

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 Cinquela, Ga. R. 7 D 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 16, 1923 (28) J. J. Green 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 UNFADING 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.
MCCAW OF COLUMBIA, COLUMBIA, S. C.