

MARGIN REMOVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 8.
 State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of York
 Township of York
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

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

No. for State Registrar Only
5554

Registration District No. 4418 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child J. Command Love (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 1, 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Ross Love
 (9) PRESENT POSTOFFICE OF FATHER York A. F. D.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE York Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Cornelia Thompson
 (15) PRESENT POSTOFFICE OF MOTHER York A. F. D.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Year)
 (18) BIRTHPLACE York Co
 (19) OCCUPATION Farmer Land
 (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 born alive at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John R. Larn (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York S. C.

Given name added from a supplemental report

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

(27) Filed Feb 4, 1923 (28) Rossie Beebe 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.