

Form No. 3

(1) PLACE OF BIRTH

County of Laurens

Township of Laurens

Inc. Town of .....

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4419

Registration District No. 2905

Registered No. 9  
(For use of Local Registrar)

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

(2) Full Name of Child Love Rivers

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

1. BOY OR GIRL girl 2. Twin or Triplet No 3. Number in order of birth 76 4. Are Parents Married No 5. DATE OF BIRTH Feb 25 23  
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME William Little  
7. PRESENT POSTOFFICE OF FATHER Clinton, S.C.  
8. COLOR OR RACE negro 9. AGE AT LAST BIRTHDAY 29  
(Year) 10. BIRTHPLACE Laurens Co.  
11. OCCUPATION Farmer  
12. Number of children born to mother, including present birth 1

MOTHER.

13. NAME BEFORE MARRIAGE Ellen C. Rivers  
14. PRESENT POSTOFFICE OF MOTHER Clinton, S.C.  
15. COLOR OR RACE Negro 16. AGE AT LAST BIRTHDAY 28  
(Year) 17. BIRTHPLACE Laurens Co.  
18. OCCUPATION Farm laborer  
19. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Isabella Holland (22) State, whether Physician or Midwife Midwife (23) Address of Physician or Midwife Clinton, S.C.

Given name and date to Supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mar. 1 23 (25) Local Registrar. F. L. Dorman

When the birth is reported by a physician or midwife, then the father, householder, etc., should make this return. If a stillbirth, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING. WITH READING 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 3.