(1) PLACE OF BIRTH

County of Chester Co.

Township of Rossville

or

Inc. Town of Great Falls

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 27899

Registration District No. 1107 Registered No. 82
(For use of Local Registrar)

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

(3) BOY OR GIRL

(4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 4 1923 (Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME E. C. Little	(14) NAME BEFORE MARRIAGE Laura Simmons
(9) PRESENT POSTOFFICE OF FATHER Great Falls S.C.	(15) PRESENT POSTOFFICE OF MOTHER Great Falls S.C.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Chesterfield S.C.	(18) BIRTHPLACE Hawkins Co. Tenn.
(13) OCCUPATION Textiles	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 1 (One)	(21) Number of children of this mother now living, including present birth 1 (One)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) R. Thomas MD

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 4 1923 (28) R. Thomas
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.

Registrar Local Registrar.

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