

Form No. 3

(1) PLACE OF BIRTH

County of LusmaTownship of FlorenceInc. Town of FlorenceCity of Florence

(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

Registration District No. 2-1-ARegistered No. 24350262
(For use of Local Registrar)(2) Full Name of Child Little

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

(3) SEX <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of child <u>4y</u>	(7) DATE OF BIRTH <u>7/7/33</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Columbus</u>	(9) NAME BEFORE MARRIAGE <u>Ellen Cannon</u>		

(10) PRESENT POSTOFFICE OF FATHER <u>Fly</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Fly</u>
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(12) COLOR OR RACE <u>Coe</u>	(13) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(14) COLOR OR RACE <u>Coe</u>	(15) AGE AT LAST BIRTHDAY <u>4</u> (Year)
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(16) BIRTHPLACE <u>Marion SC</u>	(17) BIRTHPLACE <u>Florence</u>
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(18) OCCUPATION <u>Fab</u>	(19) OCCUPATION <u>Drum</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Florence M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife [Address]

(26) Given name added from a supplemental report

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

(27) Filed 9-15-1923 (29) P. H. Brigham 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.