

Form No. 3

(1) PLACE OF BIRTH

County of LuscombTownship of 7or Inc. Town of Florenceor City 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

No. for State Registrar Only

24350262

Registration District No. 7-1-A Registered No. 253

(For use of Local Registrar)

(2) Full Name of Child LITTLE

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be entered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Parent at Marriage <u>4</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>7/7/23</u>
--------------------------------	--	------------------------------	---	--

FATHER.		MOTHER.	
(8) FULL NAME <u>Columbus</u>	(10) NAME BEFORE MARRIAGE <u>Ellen Cannon</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Fly</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Fly</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>4</u> (Year)
(12) BIRTHPLACE <u>Marion SC</u>	(12) BIRTHPLACE <u>Florence</u>	(13) OCCUPATION <u>Fab</u>	(13) OCCUPATION <u>Drugg</u>
(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>		

## 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

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9-15-23 (28) P. H. Prughaw 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.