

MARGIN RESERVED 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Chesterfield</i>		STATE OF SOUTH CAROLINA		76337	
Township of <i>Cheraw</i>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <i>1201</i>		Registered No. <i>85</i>	
or				(For use of Local Registrar)	
City of .....		(No. .... St.; .... Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <i>John Little Jr</i>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Sept 3, 1916</i>	
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)					
FATHER.			MOTHER.		
(8) FULL NAME <i>John Little Sr</i>			(14) NAME BEFORE MARRIAGE <i>Jimmie Bennett</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>M<sup>r</sup> Farlan A C</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>M<sup>r</sup> Farlan A C</i>		
(10) COLOR OR RACE <i>Black</i>		(11) AGE AT LAST BIRTHDAY <i>35</i>	(16) COLOR OR RACE <i>Black</i>		(17) AGE AT LAST BIRTHDAY <i>28</i>
(12) BIRTHPLACE <i>A C</i>		(Years)	(18) BIRTHPLACE <i>A C</i>		(Years)
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farm laborer</i>		
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>5</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>Alive</i> at <i>5 A.M.</i> on the date above stated. (Born <i>alive</i> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Henrietta Hollman</i>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife <i>Midwife</i>			<i>Cheraw S C</i>		
Given name added from a supplemental report			(26) Witness .....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <i>Sept 5 1916</i> (28) <i>P B Ingram</i>		
Registrar			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.