

Form No. 10. **NOT TO BE REPRODUCED FOR ANY OTHER PURPOSE.** **THIS FORM IS NOT TO BE REPRODUCED FOR ANY OTHER PURPOSE.**

N. B.—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

County of Spartanburg

Township of

or

Inc. Town of Woodruff

or

City of

(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

50414

Registration District No. H03

Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Jellani May Littlefield

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

(3) BOY OR GIRL?

G

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 11

1916

(8) Ward

1

FATHER.

(8) FULL NAME

Clarence A. Littlefield

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Cotton Mill operator.

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Commel

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

House Keeper

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child who was alive, at 6:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. O. Posey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Woodruff S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

Feb 23 1916

(28)

Chas. L. Boyter.

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.

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