

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 Woodruff  
 or  
 Inc. Town of Woodruff  
 or  
 City of Woodruff (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  
**50414**

Registration District No. H03 Registered No. 7  
 (For use of Local Registrar)

(2) Full Name of Child Zellani 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  
Take answered only in case of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11 1916  
(Name of Month) (Day) (Year)

**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. (If born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. O. Posey  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Charles L. Boyler  
 Local Registrar

(27) Filed Feb 23 1916 (28)

\*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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