

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McClaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Spartanburg</i>		STATE OF SOUTH CAROLINA.		91778	
Township of		Bureau of Vital Statistics		State Board of Health	
or Inc. Town of		Registration District No. <i>40-a</i>		Registered No. <i>477</i>	
or City of <i>Spartanburg</i>		(No. <i>272</i> <i>S. Course</i> St.; <i>1</i> Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <i>William Henry Little Jr.</i>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE BIRTH <i>December, 5, 1912</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>William Henry Little</i>			(14) NAME BEFORE MARRIAGE <i>Harrie Elizabeth Richards</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Spartanburg S.C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg S.C.</i>		
(10) COLOR OR RACE <i>White</i>		(11) AGE AT LAST BIRTHDAY <i>28</i> (Years)	(16) COLOR OR RACE <i>White</i>		(17) AGE AT LAST BIRTHDAY <i>23</i> (Years)
(12) BIRTHPLACE <i>North Carolina</i>			(18) BIRTHPLACE <i>Virginia</i>		
(13) OCCUPATION <i>Liveman So Bell Telephone</i>			(19) OCCUPATION <i>Wife</i>		
(20) Number of children born to mother, including present birth <i>One (1)</i>		(21) Number of children of this mother now living, including present birth <i>One (1)</i>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born</i> at <i>4:00</i> <i>P.</i> M., on the date above stated. (Born alive or stillborn) or P. M.)					
(23) (Signature) <i>W. W. Boyer</i>			(25) Address of Physician or Midwife <i>Spartanburg S.C.</i>		
(24) State whether Physician or Midwife			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
Given name added from a supplemental report			(27) Filed <i>Jan 1, 1913</i> (28) <i>Gas. Popen</i> Local Registrar		
....., 191.....			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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