

(1) PLACE OF BIRTH

County of York

Township of

or
City of Rock Hill

(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

3802 252

Registration District No. 44 Registered No.

(For use of Local Registrar)

(No. St. Ward)

2) Full Name of Child Reley M. Millan Little

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

To be answered only in event of twins or triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH 11/20/23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEN. Clark Little(9) PRESENT
POSTOFFICE
OF FATHERRock Hill, S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY28
(Years)

(12) BIRTHPLACE

Albany Oregon

(13) OCCUPATION

Auto Salesman(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGELola Snider(15) PRESENT
POSTOFFICE
OF MOTHERRock Hill, S.C.(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY31
(Years)

(18) BIRTHPLACE

Winney, Fla

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born as 4:20 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(22) (Signature) W. C. Snider, M.D.
(23) State whether Physician or Midwife. (24) Address of Physician or MidwifeGiven name added from a supplement-
al report

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Registrar

(25) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(26) Filed

12/1/23

(27)

J. Snider

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
7th month of pregnancy.

Before the 7th month of pregnancy.