

(1) PLACE OF BIRTH

County of Oconee
 Township of Flancon
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

48895

Registration District No. 3502 Registered No. 110
 (For use of Local Registrar)

(2) Full Name of Child

Thurmond Littleton

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 10 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 25, 22
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Eligah Littleton
 (9) PRESENT POSTOFFICE OF FATHER Salem S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 52
 (12) BIRTHPLACE Oconee Co S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 10

MOTHER.
 (14) NAME BEFORE MARRIAGE Dora Bell Corbin
 (15) PRESENT POSTOFFICE OF MOTHER Salem S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 42
 (18) BIRTHPLACE Oconee Co S.C.
 (19) OCCUPATION House Keeper
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) W. M. Murray Physician
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Salem 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 Jan 1, 23 (28) J. W. Smith 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.

RECEIVED OF COLUMBIA, S. C. FIRST-BORN, NO. 1 THE OTHER, NO. 2, etc., in question 5