

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of

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

Registration District No. 3-AFile No. For State Registrar Only20817Registered No. 243
(For use of Local Registrar)(2) Full Name of Child James Littlefield

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

3 BOY OR
GIRL(4) Twin
or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?

(7) DATE OF

BIRTH July 19, 1922

(Name of Month) (Day) (Year)

FATHER.

8) FULL
NAMETheron Littlefield9) PRESENT
POSTOFFICE
OF FATHERAnderson10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY2
(Years)

12) BIRTHPLACE

Ge C.

13) OCCUPATION

Mail Cpt20) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEFrances Littlefield(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY28
(Years)

(18) BIRTHPLACE

Ge C.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour * M. or P. M.)(23) (Signature) B. B. Crayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)E. B. CRAYTON;

(27) Filed

19

(28)

19 ..
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.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.WHITE 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 make the
FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

MOG

K O D A K S A F E T Y

STATE OF SOUTH CAROLINA)
COUNTY OF ANDERSON)

PERSONALLY appeared before me Mrs. Ina Littlefield, who being duly sworn deposes and says that she is the mother of James Robert Littlefield who was born July 19, 1922. That this birth is recorded in the Bureau of Vital Statistics, State Board of Health in Volume 25, No. 20817, 1922 births and that the name given for this child on the birth certificate is "Laurens". That she never had a child by the name of Laurens and that the putting of that name on the birth certificate of her son who was born July 19, 1922, was an error on the part of the doctor who filed the birth certificate at the time the child was born. She respectfully requests that the name be changed on the above record to read James Robert, as that has always been his name and for the reason that he has never been known as "Laurens".

Sworn to before me this

19 day of September, 1940

W. W. Jones
Notary Public for S. C.

X Mrs. Ina Littlefield
Mrs. Ina Littlefield