

Form No. 10. MARGEN DESIGNATED FOR BUSINESS. WHEN PLAINLY, WITH READING ENDS—USE IN A PREVIOUS EDITION. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the PRINT-BORN, No. 1, THE OTHER, No. 2, etc., in question 1. McCaw, of Columbia

(1) PLACE OF BIRTH
 County of Barnwell
 Township of Bull Pond
 or
 Inc. Town of
 or
 City of (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
48127

2) Full Name of Child Johnny Little } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are lawfully Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 23</u> 19 <u>16</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Joseph Little</u>	(14) NAME BEFORE MARRIAGE <u>Tebie Sanders</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Allendale S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Allendale S. C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)	
(12) BIRTHPLACE <u>Bull Pond</u> <u>Mr Bryant & Bros.</u>	(18) BIRTHPLACE <u>Bull Pond</u> <u>Bryant & Bros</u>			
(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>farmer wife</u>			
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 o'clock P.M. (Born alive or stillborn), (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) midwife Alberta Ford

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Allendale S. C.

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

(26) Witness Sarah Sanders (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 27, 1916 (28) J. H. Course 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.

*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.