

Form No. 10. MARGIN RESERVED FOR FILING IN A FUTURE EDITION. WHEN IN A FUTURE EDITION, WITH READING INK—USE IN A FUTURE EDITION. 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 1.

(1) PLACE OF BIRTH

County of Barnwell

Township of Bull Pond

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

File No.—For State Registrar Only

48127

Registration District No. 205 Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Johnny Little

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are lawful Parents Married? yes

(7) DATE OF BIRTH Feb. 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Little

(9) PRESENT POSTOFFICE OF FATHER Alendale S. C.

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 25

(12) BIRTHPLACE Bull Pond

Mr Bryant & Bros.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lebie Sanders

(15) PRESENT POSTOFFICE OF MOTHER Alendale S. C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 22

(18) BIRTHPLACE Bull Pond

Bryant & Bros

(19) OCCUPATION farmer wife

(21) Number of children of this mother now living, including present birth 1

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. on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) midwife Alberta Ford

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

Given name added from a supplemental report

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

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

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