

(1) PLACE OF BIRTH

County of Anderson
 Township of Bellton
 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
19784

Registration District No. 1

Registered No. 104
 (For use of Local Registrar)

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William H. Little

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

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet To be covered only in case of Twin or Triplet	5) Number in order of birth	6) Are Parents Married <u>Yes</u>	7) DATE OF BIRTH <u>June 2, 1923</u> (Name of Month) (Day) (Year)
8) FATHER. FULL NAME <u>John Little</u>			9) MOTHER. NAME BEFORE MARRIAGE <u>Annie Little</u>	
10) PRESENT POSTOFFICE OF FATHER <u>Belton</u>			11) PRESENT POSTOFFICE OF MOTHER <u>Belton</u>	
12) COLOR OR RAVE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>90</u> (Years)	14) COLOR OR RAVE <u>White</u>		
15) BIRTHPLACE <u>N.C.</u>	(16) AGE AT LAST BIRTHDAY <u>72</u> (Years)	17) BIRTHPLACE <u>Belton S.C.</u>		
18) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>12</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Belton S.C.

Given name added from a supplemen-
 tal report

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

(27) Filed Aug 2 1923 (28) [Signature]
 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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