

## (1) PLACE OF BIRTH

County of Hambley  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only  
**4691**

Registration District No. 3407Registered No. 8  
 (For use of Local Registrar)

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

(2) Full Name of Child James H. Little If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth To be reported only in event of Twin or Triplet (5) Number in order of birth ..... (6) Are Parents Married yes (7) DATE OF BIRTH Feb. 2, 1923  
 (Name of Month) (Day) (Year)

FATHER.				MOTHER.			
(8) FULL NAME <u>James Little</u>	(14) NAME BEFORE MARRIAGE <u>Fred Livingston</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(15) AGE AT LAST BIRTHDAY <u>30</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Chapinville S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Chapinville S.C.</u>	(12) COLOR OR RACE <u>White</u>	(17) COLOR OR RACE <u>White</u>
(10) BIRTHPLACE <u>S. C.</u>	(13) BIRTHPLACE <u>S. C.</u>	(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>	(20) Number of children born to mother, including present birth <u>One</u>	(21) Number of children of this mother now living, including present birth <u>One</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 9 P.M.  
 on the date above stated. (Hour—A.M. or P.M.)

(23) (Signature) Wm. C. Holliman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chapinville S.C.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 25 is signed by mark)

(27) Date Feb. 3, 1923 (28) Wm. C. Holliman 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.