

(1) PLACE OF BIRTH

County of Greenwood

Township of

or
Inc. Town of Bradleyor
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

18915

Registration District No. 2300Registered No. 11

(For use of Local Registrar)

(2) Full Name of Child Dora Lee Little

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

May 30 1912

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER.

Edward Little

(9) PRESENT POSTOFFICE OF FATHER

Troy, R. 2 Box 10

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Sc

(13) OCCUPATION

Farming

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Francis Adams

(15) PRESENT POSTOFFICE OF MOTHER

Troy

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Housekeeping

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. Patient Wideman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGreenwood, Sc. R. 6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

June 1, 1912

(28)

W. P. Decker

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.

WRITE 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 mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McGraw, of Columbia.