

(1) PLACE OF BIRTH

County of Mecklenburg

Township of

or

Inc. Town of

or

City of Union

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child James Edward Little

File No. — For State Registrar Only

66482

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 42-A Registered No. 88

(For use of Local Registrar)

St.: Ward:

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE BIRTH June 1- 1906

To be answered only in case of Twins or Triplets

MOTHER

(8) FULL NAME James Little(14) NAME BEFORE MARRIAGE Ananda Rogers(9) PRESENT POSTOFFICE OF FATHER Union S.C.(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Prabowo, Ind.(18) BIRTHPLACE Jacksonboro, S.C.(13) OCCUPATION mill operating(19) OCCUPATION Domestic(20) Number of children born to mother including present birth 4(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) D. P. Hasteney(24) State whether Physician or Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed me 6-1-06 (28) X Garratt 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.

COLUMBIA I. S. D.

STATE HEALTH OFFICER

BEN F. WYMAN, M.D.

E. C. RHODES, COM. GEN.

W. L. PRESSLEY, M.D. DUE WEST

MARGIN RESERVED FOR INDEXING. THIS IS A PERMANENT RECORD. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 5.