

MADE IN U.S.A. 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. THE OTHER, No. 2, etc., in question 8.  
MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marlboro  
Township of Smithville  
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

19490

Registration District No. 3326 Registered No. 58  
(For use of Local Registrar)

City of ..... (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 Sasporte Little (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 14/1948  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Little

(9) PRESENT POSTOFFICE OF FATHER Kellock, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Gerina Batt

(15) PRESENT POSTOFFICE OF MOTHER Kellock, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House Work

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

(23) (Signature) Harvey W. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Kellock, S.C.

Given name added from a supplemental report

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

(27) Filed May 14/1948 (28) W. H. P. Smith  
Registrar 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.