

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

45725

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 100.2

Registered No. 9
(For use of Local Registrar)

St. Ward

(3) BOY OR
GIRL?

Boy

(4) Twin
or Triplet?

No

(5) Number in
order of birth

5

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTHJan 1 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Roland T. Little

(9) PRESENT
POSTOFFICE
OF FATHER

Gaffney S.C.

(10) COLOR
OR
RACEWhite
Can(11) AGE AT LAST
BIRTHDAY33
(Years)

(12) BIRTHPLACE

Union S.C.

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE
MARRIAGE

Nola Allen Green

(15) PRESENT
POSTOFFICE
OF MOTHER

Gaffney S.C.

(16) COLOR
OR
RACEWhite
Can(17) AGE AT LAST
BIRTHDAY30
(Years)

(18) BIRTHPLACE

Buncombe Co N.C.

(19) OCCUPATION

House work

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

W. L. Little

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gaffney S.C.

Given name added from a supplement
report

May 10, 1916

C. W. Little

Deputy Registrar

(26) Witness

W. L. Little

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

(27) Filed Feb 1, 1916

(28) H. D. Pritchard

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.a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.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.

McCaw, of Columbia.