

(1) PLACE OF BIRTH

County of ChristchurchTownship of Christchurch

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

41631

Registration District No. 1484Registered No. 142
(For use of Local Registrar)

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

(2) Full Name of Child J. Phos. Little

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 25 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Harry Little(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE Bk (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Johnson(15) PRESENT POSTOFFICE OF MOTHER Charleston SC(16) COLOR OR RACE Bk (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Farmer laborer(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 9:00 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dina Boone(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signature of Registrar Dina Boone (28) Signature of Local Registrar Dina Boone

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.