

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
BUREAU OF VITAL STATISTICS  
STATE HOUSE OF SENATE

No. — For State Registrar Only

3828

County of Florence

City of Littleton

St. Town of Anna

City of St.

Registration District No. 211

Registered No. 17  
(For use of Local Registrar)

(No. 17 Ward)

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

Full Name of Child

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

(1) SEX OF CHILD <u>Male</u>	(2) TIME OF BIRTH To be immediately in front of Time or Triplex	(3) NUMBER IN ORDER OF BIRTH <u>1</u>	(4) DATE OF BIRTH <u>Dec 12, 1923</u> (Month of Month) (Day) (Year)
FATHER <u>James M. Larnier</u>		MOTHER <u>Mamie Manda Stiles</u>	
PRESENT RESIDENCE OF FATHER <u>Camper</u>		PRESENT RESIDENCE OF MOTHER <u>Camper</u>	
(10) COLOR OF CHILD <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>57</u>	(12) COLOR OF MOTHER <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>45</u>
(14) BIRTHPLACE <u>S.C.</u>	(15) OCCUPATION <u>Merchant</u>	(16) BIRTHPLACE <u>S.C.</u>	(17) OCCUPATION <u>Housewife</u>
(18) NUMBER OF CHILDREN BORN TO MOTHER, including present birth <u>Four</u>		(19) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, including present birth <u>Three</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at Camper (Place of Birth) (Month, Day, or P. M.)

(21) (Signature) W. H. Foster  
(22) Name of Physician or Midwife  
(23) Address of Physician or Midwife  
Camper

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

Filed Jan 30, 1924 (Date)

When there was no physician or midwife, the report should be made to the Registrar

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