

(1) PLACE OF BIRTH

County of Greenville
 Township of
 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

Registration District No. 2-7-7 Registered No. 250
 (For use of Local Registrar)

(No. City Hospital St.; 5th Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joe Rufus 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 30, 1922
 To be answered only in event of Twins or Triplets Name (Month) (Day) (Year)

FATHER.

(8) FULL NAME John H. Little
 (9) PRESENT POSTOFFICE OF FATHER Greenville S.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30 (years)
 (12) BIRTHPLACE Beeton S.C.
 (13) OCCUPATION Traveling

MOTHER.

(14) NAME BEFORE MARRIAGE Coralee Yeggs
 (15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30 (years)
 (18) BIRTHPLACE Blowing Rock N.C.
 (19) OCCUPATION N. W.

(20) Number of children born to mother, including present birth 2 (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 Born Alive at 1 P. M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) J. R. Anderson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife M. R.

Given name added from a supplemental report

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

(27) Filed June 19, 1922 (28) C. Smith 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.

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