

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Division of Vital Statistics

State Board of Health

30622

County of York

City of Camden

or Town of

City of

Registration District No. 4404

Registered No. 70

(For use of Local Registrar)

(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 Frederick Scott Littlemyer

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

(1) SEX OF CHILD Boy (2) TIME OF BIRTH 9/14/23 (3) DATE OF BIRTH 9/14/23 (4) PLACE OF BIRTH Camden (5) NAME OF MOTHER Claudia Camden

FATHER. (1) FULL NAME W. Scott Littlemyer (2) PRESENT RESIDENCE OF FATHER Rich Hill (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 30 (5) BIRTHPLACE Camden (6) OCCUPATION Plumber (7) Number of children born to mother, including present birth 6

MOTHER. (1) FULL NAME Claudia Camden (2) PRESENT RESIDENCE OF MOTHER Rich Hill (3) COLOR OR RACE W (4) AGE AT LAST BIRTHDAY 28 (5) BIRTHPLACE Camden (6) OCCUPATION — (7) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born at 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(29) (Signature) W. Frank Little (30) Address of Physician or Midwife Rich Hill

Given name added from a supplemental report

(31) Witness (Signature of Witness necessary only when question 29 is signed by mark)

(32) Signed 10/3/23 (33) J. R. Miller 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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