

Form No. 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH ENGLISH LETTERS—THIS IS A PERMANENT RECORD  
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.

MD&W OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of .....  
 or  
 Inc. Town of Piedmont  
 or  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
85754

Registration District No. 725 Registered No. 74  
 (For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Mollie Elizabeth Little (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 13 1906  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Leaton Little  
 (9) PRESENT POSTOFFICE OF FATHER Piedmont  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Greenville Co  
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 8

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maed Austin  
 (15) PRESENT POSTOFFICE OF MOTHER Piedmont  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Greenville Co  
 (19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ed. Campbell  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Piedmont

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Nov 18 1906 (28) R. P. Phillips 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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