

(1) PLACE OF BIRTH

County of Elbert.....

Township of Leopoldville

Inc. Town of.....

OF
OF

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

(2) Full Name of Child Thomas Littlejohn

**If child is not yet named, make
narrative report as directed**

(2) BOY ON

(4) Title or Triplicate

	(1) Number in order of birth
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DATE OF 2001 August 14

FATHER

10. **DATE** *Feb 11 1960*

(9) PRESENT POSTOFFICE OF FATHER *Wilkinsville*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *36*..... (Years)

15 BIRTHPLACE 6/11/21 K.C.

(15) OCCUPATION Lawyer

(20) Number of children born to mother, including present birth 144

NOTES

(14) NAME BEFORE Matthew Davis

(10) **CONTACT**
STATEMENT
OF MOTHER *relations with*

(10) COLOR Color (17) AGE AT LAST BIRTHDAY 26

(10) ~~UNOFFICIAL~~ *6/12/2000*

(10) OCCUPATION farmer

(7) Number of children of this mother now living, including present birth 6

REPORT OF ASSISTING PHYSICIAN CANDIDATE

(22) I hereby certify that I attended the birth of this child, who was . . . born . . . 2 . . . 2 . . . at . . . Dr. M.
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)

(28) (Signature) David Davis
(29) State whether Pharmacist or Midwife (30) Address of Pharmacist or Midwife

Midwife

~~Given name~~ ~~Initial~~ ~~Surname~~ ~~Date~~

(20) Witness
(Signature of Witness necessary only
when question 18 is signed by mark)

FILED 1944 APR 10 1944 Paul A. Dean
Register

Persons, other than the father, householder, etc., should make this return. It should be reported as stillborn. No report is desired of stillbirths occurring in the last month of pregnancy.

100-443887-1000

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