

(1) PLACE OF BIRTH

County of CherokeeTownship of MorganInc. Town of LawrenceCity of Lawrence

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 888Registration District No. 1004.4 Registered No. 2
(For use of Local Registrar)(2) Full Name of Child Richard Littlejohn(a) SEX OR CHILD Boy (b) Type or Triple To be covered only in case of Triple or Triple (c) Number in order of birth 1 (d) Are Parents Married Yes (e) DATE OF BIRTH Jan. 15, 1923FATHER.
(a) FULL NAME Sam Littlejohn
(b) PRESENT RESIDENCE OF FATHER Lawrence, H.C.R.I.
(c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 29
(e) BIRTHPLACE Pocahontas, H.C. Spartanburg Co.
(f) OCCUPATION FarmingMOTHER.
(a) NAME BEFORE MARRIAGE Virgie Lipscomb
(b) PRESENT RESIDENCE OF MOTHER Lawrence H.C.R.I.
(c) COLOR OR RACE Black (d) AGE AT LAST BIRTHDAY 27
(e) BIRTHPLACE Cherokee Co.
(f) OCCUPATION Farming(g) Number of children born to mother, including present birth Five (h) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was White at 7 P.M. on the date above stated. (Note sign as stillborn) (Hour A. M. or P. M.)(29) (Signature) James Littlejohn
(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife LawrenceGiven name added from a supplemental report
10 Registrar(32) Witness James Littlejohn
(Signature of Witness necessary only when question 28 is signed by mark)
(33) Filed Jan. 15, 1923 (34) Sally Pyars

*When there was no attending physician or midwife, then the father, householder, etc., should make a report. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.