

File No.—For State Registrar Only
41158

Registration District No. 802 Registered No. 140
(For use of Local Registrar)

City of _____ (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 Thos. Littlejohn Haigler { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth:	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Dec - 13, 1922 (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME *Sebes O'Neal Haigles*

(9) PRESENT POSTOFFICE OF FATHER *Cameron, S.C.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Calhoun Co*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE Beth Watkins Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER Cameron, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30...
(1 year)

(18) BIRTHPLACE Cherokee Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was. born alive at. 9 P. M.,
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. P. 12 1/2 1/2 1/2

(23) (Signature) A. P. Trautwick
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Cameron, E.

Given name added from a supplemental report:

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) *M. F. Kelle*
(27) Filed *Dec. 18, 1922* (28) 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.