

(1) PLACE OF BIRTH

County of CherokeeTownship of WaynesvilleInc. Town of #5City of Waynesville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18014

Registration District No. 5001 Registered No. 6

(For use of Local Registrar)

(No. 5 St. 6 Ward 6)

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

(2) Full Name of Child

Belia Littlejohn

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 21</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Ben. Littlejohn</u>			(14) NAME BEFORE MARRIAGE <u>Rachel Littlejohn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Waynesville, #5</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>	
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>31</u> (Year)	
(11) AGE AT LAST BIRTHDAY <u>26</u> (Year)			(18) BIRTHPLACE <u>same</u>	
(12) BIRTHPLACE <u>Cherokee Co. Ga.</u>			(19) OCCUPATION <u>House Keeper</u>	
(13) OCCUPATION <u>Farmer</u>			(21) Number of children of this mother now living, including present birth <u>3</u>	
(20) Number of children born to mother, including present birth <u>3</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) James Dale(24) State whether Physician or Midwife
Midwife(25) Address of Physician or Midwife
Waynesville

Given name added from a supplemental report

(26) Witness Wm. J. McPherson
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed July 19 (28) M. B. Harris 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.

RECEIVED