

Form No. 1

(1) PLACE OF BIRTH

County of CherokeeTownship of Limestone

Inc. Town of.....

City of.....

(No. St. Ward)
(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

17055

Registration District No. 109Registered No. 145

(For use of Local Registrar)

(2) Full Name of Child Fletcher Paul Littlejohn (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 16, 1928 (Time of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Littlejohn(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Don't know(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Barbara Littlejohn(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Don't know(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Carolina Carr(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed 7/10 1928 (27) F. J. Linn 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.

MARGIN RESERVED FOR BUNDLING.
WRITE PLAINLY, WITH UNFADING INK—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.