

FORM NO. 1
LARGE PRINTED FOR RECORD.
WHILE PLAINLY, WITH ENLARGED PRINT, THIS IS A PRESENT 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 8.

County of York STATE OF SOUTH CAROLINA
Township of Pacolet Bureau of Vital Statistics
Inc. Town of Registration District No. 4006 State Board of Health
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 Mr. Henry Littlejohn If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>June 1 1906</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Charles Littlejohn</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Martha Linn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Trough, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Trough, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(11) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(12) OCCUPATION <u>millwork</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to father, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. L. Kirkpatrick
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Pacolet, S.C.

Given name added from a supplemental report
..... 1st
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 10 1906 (28) M. M. Brown 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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