

(1) PLACE

County of

Township of

or
the Town of

City of

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

(2) Full Name of Child *Jack Robert Littlejohn*

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

(3) SEX OF CHILD

Boy

(4) Type of Birth

Is in hospital or other institution

(5) Number of Birth

(6) Date of Birth

(7) Month of Birth

Jan 2 1923

FATHER.

(8) Full Name

Vernon C. Littlejohn

(9) Present Residence of Father

Raffney, S.C.

(10) COLOR OF SKIN

White

(11) AGE AT LAST BIRTHDAY

30

(12) BIRTHPLACE

Charleston County

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

1

MOTHER.

(14) Full Name

Flora E. Porter

(15) Present Residence of Mother

Raffney, S.C.

(16) COLOR OF SKIN

White

(17) AGE AT LAST BIRTHDAY

22

(18) BIRTHPLACE

Raffney, S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.

(22) (Signature)

Ray B. Moore

(23) State whether Physician or Midwife

M. D.

(24) Address of Physician or Midwife

Raffney, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Date

Feb. 1. 1923

(27) Place

W. F. Smith

When there was no attending physician or midwife, then the father, householder, etc. should make this report. 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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