

FORM NO. 1.

(1) PLACE OF BIRTH

County of CherokeeTownship of White Plains

Inc. Town of

City of

(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

71937

Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Woodruff Wilson Littlejohn If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth 5

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH August 31

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Babalan Littlejohn(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 45

(Years)

(12) BIRTHPLACE Charterbury S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Bonnier(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Charterbury S.C.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 4:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) Lippie Harris(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Sept. 9, 1916(28) A. W. Smith 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 BINDING.

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.

McCaw, of Columbia.