

(1) PLACE OF BIRTH

County of CherokeeTownship of Drytownor
Inc. Town of R#5

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18012

Registration District No. 10001Registered No. 24
(For use of Local Registrar)(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 Willie Littlejohn child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</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>Yes</u>	(7) DATE OF BIRTH <u>May 27, 22</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Ben Littlejohn</u>	(14) NAME BEFORE MARRIAGE <u>Katty. Humphreys</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Some</u>
(10) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Some</u>	(11) AGE AT LAST BIRTHDAY <u>90</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>	(18) BIRTHPLACE <u>Some</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) <u>James Tate</u>	(24) State whether Physician or Midwife <u>Midwife</u>	(25) Signature of Physician or Midwife <u>James Tate</u>
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Given name added from a supplemental report

(26) Witness Dr. J. M. Harrison
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 5, 1922 (28) M. H. 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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