

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.

Scaw, of Columbia.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Draughtonville
 or
 Inc. Town of
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1001 Registered No. 64
 (For use of Local Registrar)

(2) Full Name of Child Zellie Virginia Littlejohn If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
76188

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept. 18, 1916
 To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joe Littlejohn
 (9) PRESENT POSTOFFICE OF FATHER Pacolet R.F.D. 1
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Cherokee Co. near Tom Hamer place
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Littlejohn
 (15) PRESENT POSTOFFICE OF MOTHER Pacolet R.F.D. 1
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Cherokee Co.,
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. M. Dawkins, midwife
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gaffney S. C. R. 6

Given name added from a supplemental report
 191....

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Sept 23 1916 (28) C. C. Green 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.