

(1) PLACE OF BIRTH

County of UpstateTownship of Cherokee

Inc. 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 Gladi LittlejohnNo. 10. - For State Register Use
30196Registration District No. 400213 Registered No. 68
(For use of Local Registrar)(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Are Parents Married No (6) DATE OF BIRTH July 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Littlejohn(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Smith(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(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 born alive 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Indy Eddy Smith(24) State whether Physician or Midwife (25) Address of Physician or Midwife Upstate S.C.

Given name added from a supplemental report

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

(27) Filed Oct 1923 (28) W. P. 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.