

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.

Caw. of Columbia.

(1) PLACE OF BIRTH

County of Lee

Township of Mechanicsville

or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

73701

Registration District No. 3443... Registered No. 32

(For use of Local Registrar)

City of (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 Jessie Mary Littlejohn } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22, 1916 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME J. J. Littlejohn

(14) NAME BEFORE MARRIAGE Annie Martin

(9) PRESENT POSTOFFICE OF FATHER Osceola S.C.

(15) PRESENT POSTOFFICE OF MOTHER Osceola S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 63 (Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE Lee, Co. S.C.

(13) OCCUPATION Black Smith

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary M. Miller

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Mid. wife Osceola S.C.

Given name added from a supplemental report

(26) Witness C. P. Baker

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

(27) Filed 8/20, 1916. (28) C. P. Baker 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.