

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Paradise  
 or  
 Inc. Town of Paradise  
 or  
 City of Paradise

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

5271

Registration District No. 4006 Registered No. 27  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH 2-26-23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Victor Littlejohn  
 (9) PRESENT POSTOFFICE OF FATHER Paradise S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Section Labor  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(15) NAME BEFORE MARRIAGE Annie Bell Hardy  
 (16) PRESENT POSTOFFICE OF MOTHER Paradise S.C.  
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 24  
 (19) BIRTHPLACE S.C.  
 (20) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7-30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victor Littlejohn (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Station of Child

Paradise 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 3-5-23 (28) M. J. Brown 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.