

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of *Spitz*

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40* Registered No. *54*

(For use of Local Registrar)

(No. *123* *Brewer* St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet To be entered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <i>Yes</i>	(7) DATE OF BIRTH <i>2 9 23</i> (Name of Month) (Day) (Year)
--------------------------------	--	------------------------------	---------------------------------------	--

(8) FATHER'S FULL NAME
Geo W Littlejohn(9) PRESENT POSTOFFICE OF FATHER
City(10) COLOR OR RACE
W (11) AGE AT LAST BIRTHDAY
34 (Year)(12) BIRTHPLACE
S.C.(13) OCCUPATION
Restaurant Prop(14) Number of children born to mother, including present birth
4(15) MOTHER'S NAME BEFORE MARRIAGE
Annie E Kennedy(16) PRESENT POSTOFFICE OF MOTHER
City(17) COLOR OR RACE
W (18) AGE AT LAST BIRTHDAY
27 (Year)(19) BIRTHPLACE
S.C.(20) OCCUPATION
Housewife(21) Number of children of this mother now living, including present birth
4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was M.,
on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) *Joe W Little*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(28) Filed *3-1-23* (29) *Joe Cohen* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD. AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.

MADE AT COLUMBIA, S. C.