

MARGIN RESERVED FOR RECORDING.
WRITE PLAINLY, WITH ENFADING INK—THIS IS A PERMANENT RECORD, and mark the
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.

(1) PLACE OF BIRTH

County of Richland

Township of

OR

Inc. Town of

OR

City of Columbia

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

(2) Full Name of Child Kyle P. Peterson

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

File No.—For State Registrar Only

36198

Registration District No. 35a Registered No. 1812
(For use of Local Registrar)

St. 8 Ward

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10-24-1922
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME John H. Littlejohn

(9) PRESENT POSTOFFICE OF FATHER Columbia SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE U.S.A.

(13) OCCUPATION Book Mang. Machinery

(20) Number of children born to mother, including present birth 3

(14) NAME BEFORE MARRIAGE Will West

(15) PRESENT POSTOFFICE OF MOTHER Columbia SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE U.S.A.

(19) OCCUPATION Housekeeper

(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 born alive on the date above stated.
(Be male or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness, necessary only when question 22 is signed in mark)

(27) Filed 11-31-1922 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.

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