

(1) PLACE OF BIRTH
County of *Sumter*
Township of *Philoh*
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
44815

Registration District No. *4107* Registered No. *115*
(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 *Samuel Theodor Locklair* 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 *2* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *12 8 1918*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *M. Locklair*
(9) PRESENT POSTOFFICE OF FATHER *Math Bridge Co*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)
(12) BIRTHPLACE *Sumter Co S C*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Amie Dietson*
(15) PRESENT POSTOFFICE OF MOTHER *Math Bridge Co*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)
(18) BIRTHPLACE *Sumter Co S C*
(19) OCCUPATION *Housework*
(20) 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* at *412 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha Wilson*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Math Bridge Co*

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness *W. Wilson*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *12-15-18* (28) *S. B. McElwain*
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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