

Form No. 1

## (1) PLACE OF BIRTH

County of BerkleyTownship of St. Stephens

or

Inc. Town of .....

or

City of .....

(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

File No.—For State Registrar Only

29094

Registration District No. 705Registered No. 102  
(For use of Local Registrar)

## (2) Full Name of Child

Katherine Winifred

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Sept 26, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clinton Lockair

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Year)

(12) BIRTHPLACE

St. Stephens

(13) OCCUPATION

fireman

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

four

## MOTHER.

(14) NAME BEFORE MARRIAGE

Raisa Cannon

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Year)

(18) BIRTHPLACE

St. Stephens

(19) OCCUPATION

housewife

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

four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Mrs. Bush

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

St. Stephens

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Oct. 11, 1922

(28)

M. A. Geyl

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.

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.

MADE IN COLUMBIA, COLUMBIA, S. C.

STATE OF SOUTH CAROLINA

COUNTY OF CHARLESTON

PERSONALLY appeared before me a Notary Public of South Carolina Mrs. C. A. Locklair who being duly sworn deposes and says that: the given name of her daughter born 9/26/22 in Berkeley County, S.C., was misspelled at the time of filing of this record and that this should be spelled CATHERINE instead of Katherine: that the above is a true and correct statement of fact and that this correction should appear on the original record #35/29094.

Mrs. C. A. Locklair

60 Congress St.

Sworn to before me this

9th day of August 1941

Carmina D. Regnall  
Notary Public, S. C.

My Public S. C. my commission  
at the pleasure of the Governor