

(1) FRAGR OF BIRTH

County of Charleston.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Register Only

32121

Township of

Inc. Town of

Registration District No. 9 A

Registered No. 174

City of Charleston.....

(No. Municipality, etc.)

(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 James Perry Lockwood, Jr.

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? X

(5) Number in order of birth X

(6) Are Parents Married? AS

(7) DATE OF BIRTH Nov 10 23

(8) FULL NAME James Perry Lockwood

FATHER

(14) NAME BEFORE MARRIAGE Lucy Webb

MOTHER

(9) PRESENT POSTOFFICE OF FATHER 12 Rutledge Ave Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER 12 Rutledge Ave Charleston S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 29 (Years)

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Charleston S.C.

(18) BIRTHPLACE Charleston S.C.

(13) OCCUPATION

Mauner

(19) OCCUPATION

Wife

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at birth, on the date above stated.

(23) (Signature) A. M. M. or P. M.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

allied

Physician

277 Calhoun

Given name of child from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

7/17/42 191

(27) Filed 22 19123

(28) J. Mercer Green M.D. 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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