

(1) PLACE OF BIRTH

County of *Edgefield*Township of *Johnston*

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

22 050242

Only

Registration District No. *18/14*Registered No. *33*

(For use of Local Registrar)

(2) Full Name of Child *ALBERT BENNETTE LOTT*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

A. B. Lott

(9) PRESENT POSTOFFICE OF FATHER

Johnston

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Johnston

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Annick

(15) PRESENT POSTOFFICE OF MOTHER

Johnston

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Chapin

(19) OCCUPATION

Housewife

(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 *4* P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. J. H. McKelvey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Johnston

Given name added from a supplemental report

*affid. 8-8-50**15*

Registrar

(26) Witness

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

(27) Filed

June 9 1953

(28)

L. M. Maxwell

Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes: *not* to be reported as stillborn. No report is desired of stillbirths

AFF NEXT FRAME