

(1) PLACE OF BIRTH

County of GreenvilleTownship of SouthOR
Inc. Town ofOR
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

4354

Registration District No. 2217 Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 12 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Horley Newton Lockaby</u>	(14) NAME BEFORE MARRIAGE <u>Lynna Tronka Loveland</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C. P.O. #6</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. #6</u>
(10) COLOR OR RACE <u>W</u>	(16) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Anderson Co, SC</u>	(18) BIRTHPLACE <u>Anderson Co SC</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was....
on the date above stated.(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

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

(27) Filed Feb 13 1922 (28) E. B. Hendrix 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.