

(1) PLACE OF BIRTH

County of Darlington

Township of _____

or
Inc. Town of Hartsvilleor
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
45958

Registration District No. 15-BRegistered No. 9
(For use of Local Registrar)(2) Full Name of Child Claudia May Lockamy } If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|----------------------|------------------------------|-------------------------------------|--|
| 3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Jan 29 1916</u> (Name of Month) (Day) (Year) |
|-----------------------------|----------------------|------------------------------|-------------------------------------|--|

FATHER.(8) FULL NAME Joe Jones Lockamy(9) PRESENT POSTOFFICE OF FATHER Hartsville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Moore County N.C.(13) OCCUPATION Mechanic - Cotton Mill(20) Number of children born to mother, including present birth } 3**MOTHER.**(14) NAME BEFORE MARRIAGE Annie Bell Brady(15) PRESENT POSTOFFICE OF MOTHER Hartsville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Roberson County N.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth } 1**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***(22) I hereby certify that I attended the birth of this child, who was born alive at _____ at _____ M., on the date above stated. (Born alive or stillborn) * (Hour A. M. or P. M.)(23) (Signature) J. P. Harrison

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Hartsville S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed Jan 31 1916 (28) J. B. Davis

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.

FIFTH MONTH OF PREGNANCY

WHEN PREPARED BY A PHYSICIAN OR MIDWIFE, 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.