

(1) PLACE OF BIRTH

County of MilledgevilleTownship of UnionInc. Town of UnionCity of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8480

Registration District No. 3304Registered No. 43

(For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Christina Cheatham Locklear

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 9 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Alfred Burr(9) PRESENT POSTOFFICE OF FATHER Rawlins NC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE NC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Lou May Locklear(15) PRESENT POSTOFFICE OF MOTHER Union SC(16) COLOR OR RACE Indian (17) AGE AT LAST BIRTHDAY 15 (Year)

(18) BIRTHPLACE

(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. W. Valley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Apr 16 1922 (28) W. W. Valley 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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