

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

8480

County of Moultrie

Township of \_\_\_\_\_

or  
Inc. Town of China

or  
City of U.S. Highway

Registration District No. 3304

Registered 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 Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Age Parents Married? \_\_\_\_\_ (7) DATE OF BIRTH Feb. 9, 1922  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Alfred Burr

(14) NAME BEFORE MARRIAGE Love May Locklear

(9) PRESENT POSTOFFICE OF FATHER Rawlins NC

(18) PRESENT POSTOFFICE OF MOTHER Harlem SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)

(16) COLOR OR RACE Indian (17) AGE AT LAST BIRTHDAY 19 (Year)

(12) BIRTHPLACE NC

(19) OCCUPATION Domestic

(13) OCCUPATION Farmer

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

(20) Number of children born to mother, 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 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Willey (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. H. Willey 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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REG. OF COLUMBIA, COLUMBIA, S. C. 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.