

(1) PLACE OF BIRTH **Charlotte** STATE OF SOUTH CAROLINA
County of **Mecklenburg** Bureau of Vital Statistics
Township of **4** State Board of Health
or **4**
Inc. Town of **4** Registration District No. **6A** Registered No. **184**
or **4** (For use of Local Registrar)
City of **4** (No. **298** County **Lockhart**) Ward
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
(2) Full Name of Child **Margaret Catherine Lockhart** yet named, make supplemental report as directed

(3) BOY OR GIRL Girl	(4) Twin or Triplet? No To be answered only in event of Twins or Triplets.	(5) Number In order of birth -	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Jan 28 (Month) (Day) (Year)
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FATHER Samuel Lockhart	MOTHER Bessie Louise
(8) FULL NAME Samuel Lockhart	(14) NAME BEFORE MARRIAGE Bessie Louise
(9) PRESENT POSTOFFICE OF FATHER Charlotte SC	(15) PRESENT POSTOFFICE OF MOTHER Charlotte SC
(10) COLOR OR RACE white	(16) COLOR OR RACE white
(11) AGE AT LAST BIRTHDAY 31 (Years)	(17) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Jimmisville SC	(18) BIRTHPLACE Jimmisville SC
(13) OCCUPATION Mockmist-	(19) OCCUPATION Hart
(20) Number of children born to mother, including present birth 3	(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 **born alive or stillborn** at **Charlotte**, S.C., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) **L.A. Rivers**
(24) State whether Physician or Midwife **Physician**
(25) Address of Physician or Midwife **Charlotte**

Given and signed from a supplemental report:
L.A. Rivers, M.D.
10/6/14
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
2/10/15
(27) Filed **Meritt**

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.
Thru

5th month of pregnancy

Fred

Registr

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