

(1) PLACE OF BIRTH

County of Sumter

Township of Swick

Inc. Town of

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

53934

Registration District No. 4-107 Registered No. 20

(For use of Local Registrar)

2) Full Name of Child Johnny Bell Bell 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 one (6) Are Parents Married? No (7) DATE OF BIRTH Mar 10 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lockhart

(9) PRESENT POSTOFFICE OF FATHER Swick

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Bell

(15) PRESENT POSTOFFICE OF MOTHER Dynchburg, Pa.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 15 (Years)

(18) BIRTHPLACE D. Kingdon, Pa.

(19) OCCUPATION Housekeeping

(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 4 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. X. McEwen

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

Midwife Swick, Pa.

Given name added from a supplemental report

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Registrar

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

(27) Filed 2-10-1914 (28) W. H. X. McEwen 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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(copy from original in pencil.)