

(1) PLACE OF BIRTH

County of Wm. B. B. B.
 Township of Wm. B. B. B.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 3784 for State Registrar Only

Registration District No. H301 Registered No. 142
 (For use of Local Registrar)

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

(2) Full Name of Child Berkah 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) Are Parents Married yes (7) DATE OF BIRTH Nov 21, 23
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME J. H. Locklear (14) NAME BEFORE MARRIAGE Ada Browder
 (9) PRESENT POSTOFFICE OF FATHER Greelyville SC (15) PRESENT POSTOFFICE OF MOTHER Greelyville SC
 (16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
 (12) BIRTHPLACE S. C. (17) BIRTHPLACE S. C.

(13) OCCUPATION Farmer (18) OCCUPATION Housewife
 (19) 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 at 4:00 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Polly B. B. B. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greelyville SC

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed Nov. 27, 1923 (28) J. H. Blackmill 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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