

(1) PLACE OF BIRTH

County of *Wayne*Township of *Wayne*Inc. Town of *Wayne*City of *Wayne*

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

(2) Full Name of Child *Marion Lockhart*

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

(3) SEX OF CHILD *girl*(4) AGE AT BIRTH *10*(5) MONTH OF BIRTH *Jan*(6) YEAR OF BIRTH *1929*(7) DATE OF BIRTH *Jan 29, 1929*(8) FATHER'S NAME *Dock Lockhart*

FATHER

(9) FATHER'S RESIDENCE *Wayland S.C.*(10) FATHER'S COLOR *Colo*(11) FATHER'S AGE AT LAST BIRTH *37*(12) FATHER'S OCCUPATION *S.C.*

S.C.

(13) FATHER'S SIGNATURE *Frank*

Frank

(14) NUMBER OF CHILDREN BORN TO FATHER, INCLUDING PRESENT BORN *4*

4

MOTHER

(15) MOTHER'S NAME *Bole Lockhart*(16) MOTHER'S RESIDENCE *Wayland S.C.*(17) MOTHER'S COLOR *Colo*(18) MOTHER'S AGE AT LAST BIRTH *38*(19) MOTHER'S OCCUPATION *S.C.*

S.C.

(20) MOTHER'S SIGNATURE *House duties*

House duties

(21) NUMBER OF CHILDREN OF THIS MOTHER, INCLUDING PRESENT BORN *4*

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Marion* on the date above stated. (Date of birth or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Della Louise*(24) State whether Physician or Midwife *midwife*(25) Addressed Residence or Office *Wayland S.C.*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed *4/3/30*(28) *1930*(29) *John H. H. H.*

John H. H. H.

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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