

(1) PLACE OF BIRTH

County of Aiken
 Township of Langley

or
 Inc. Town of
 or
 City of Langley

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20747

Registration District No. 2-1-42 Registered No. 5-7
 (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 Judith Rose Lockey 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 7-5-32
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Jessie Laurence Lockey

(14) NAME BEFORE MARRIAGE Basile May Barton

(9) PRESENT POSTOFFICE OF FATHER Langley S.C.

(15) PRESENT POSTOFFICE OF MOTHER Langley S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Norcross Ga.

(18) BIRTHPLACE Bethledge Ga.

(13) OCCUPATION Painter, mill work

(19) OCCUPATION Housewife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive 9:10 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. S. Glenn

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

Physician Langley S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed July 10 1932 (28) 7-10-32 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.