

5-19-42

22 050040

1. PLACE OF BIRTH

County of Wm. BurgTownship of Shapor
Inc. Town of GreenvilleCity of Greenville

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4301

FILE No.—For State Registrar Only

04978

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD

Alberta Locklear3. ~~Male~~ or GirlIf Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of
birth1942

5. Number, in order of birth

Full term

Married? yes

(Month, day, year)

9. Full
name

FATHER

Charley Clayton Locklear18. Name before
marriage

MOTHER

Thigge Lee Locklear10. Residence (mailing address)
(If non-resident, give place and State)Greenville, S.C.19. Residence (mailing address)
(If non-resident, give place and State)Greenville, S.C.

11. Color or race

W

12. Age at child's birth

28 (years)

20. Color or race

W

21. Age at child's birth

25 (years)13. Birthplace (city or place)
(State or country)Clarendon22. Birthplace (city or place)
(State or country)Barnwell, S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.Housekeeper15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.✓24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.own home16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work2027. Number of children of this mother
(At time of birth and including this child)8

(a) Born alive and now living

4

(b) Born alive but now dead

none

(c) Stillborn

28. If stillborn,
period of gestationmonths
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born at 12 O'clock on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.(Signed) L. L. Locklear, Parent

or _____, Guardian

Given name added from
a supplementary report

(Date of)

Address

Filed June 12, 1942 M. B. Woodward
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)