

M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of York  
 Township of Good River  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
 26682

Registration District No. 4402 Registered No. 43  
 (For use of Local Registrar)  
 (No. .... St. .... Ward)

(2) Full Name of Child Sarah May Lockett  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Age of Parent Married 20 (7) DATE OF BIRTH July 1, 1923  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

(8) FULL NAME John Lockett FATHER

(9) PRESENT POSTOFFICE OF FATHER W.C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23  
 (Year)

(12) BIRTHPLACE W.C.

(13) OCCUPATION Public Work

(14) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Lockett MOTHER

(15) PRESENT POSTOFFICE OF MOTHER W.C.

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 21  
 (Year)

(18) BIRTHPLACE York

(19) OCCUPATION Farm

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was B. Lockett M.,  
 on the date above stated. (Name of child or stillborn) (Hour A. M. or P. M.)

(22) (Signature) M. Lockett  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed for mark)

(26) July 4, 1923 (27) C. Lockett 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.