

## (1) PLACE OF BIRTH

County of Calhoun

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Sixons

Inc. Town of .....

or

City of .....

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

Registration District No. 802Registered No. 88

(For use of Local Registrar)

(2) Full Name of Child James Lockard

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 23, 1916</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	
FATHER.			MOTHER.	
(8) FULL NAME <u>Addison Lockard</u>	(14) NAME BEFORE MARRIAGE <u>Jamie Robinson</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Cameron, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cameron, S.C.</u>			
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Calhoun Co</u>	(18) BIRTHPLACE <u>Calhoun Co</u>			
(13) OCCUPATION <u>Farm Hand</u>	(19) OCCUPATION <u>House wife</u>			
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>			

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 7 A. M.(23) (Signature) J. Mitchell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Cameron, S.C.

Given name added from a supplemental report

....., 191.....

.....

Registrar

(26) Witness Mrs. Keller  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 3, 1916 (28) W. J. Keller  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. 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 5.

McCaw, of Columbia.

File No.—For State Registrar Only  
**63325**