

(1) PLACE OF BIRTH

County of CalhounTownship of Sixonsor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
63325Registration District No. 802 Registered 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</u> 19 <u>16</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Addison Lockard(9) PRESENT POSTOFFICE OF FATHER Cameron, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Calhoun Co(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Janie Robinson(15) PRESENT POSTOFFICE OF MOTHER Cameron, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Calhoun Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 2

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) X Janie Mitchell(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Cameron, S.C.

Given name added from a supplemental report

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Registrar

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

WHILE 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.