

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.

Saw. of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Greenville* STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of *Glassy Mt.* State Board of Health

File No.—For State Registrar Only
72977

Inc. Town of Registration District No. *2208* Registered No. *28*
 or (For use of Local Registrar)
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Hubert Lee Lockhart* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *—* (5) Number in order of birth *1st* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Aug. 24, 1914*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Levi Chase Lockhart</i>	(14) NAME BEFORE MARRIAGE <i>Mrs. Luring McLeod</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Ladrum, S.C., R.F.D.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Ladrum, S.C., R.F.D.</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>24</i> (Years)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)
(12) BIRTHPLACE <i>Greenville, S.C.</i>	(18) BIRTHPLACE <i>Campobello, S.C.</i>	(13) OCCUPATION <i>Farmer.</i>	(19) OCCUPATION <i>Housekeeper</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive*, at *4* *A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *R. G. Christopher, M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Ladrum, S.C.*

Given name added from a supplemental report

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

(27) Filed *Sept. 1, 1914* (28) *J. V. Phillips* 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.