

**File No.—For State Registrar Only**

County of Franklin  
Township of Cartersville  
or  
Inc. Town of Ac. To  
or  
City of .....

**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

42361

Registration District No. 2002 Registered No. 46  
(For use of Local Registrar)

(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 - Gordene Lockhart ----- { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 9 1922</i> (Name of Month) (Day) (Year)
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## FATHER.

**MOTHER.**

(8) FULL NAME Arthur A. Lockhart

(14) NAME BEFORE MARRIAGE Dula Ham

(9) PRESENT POSTOFFICE OF FATHER *Partsville N.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Cartersville AC*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *42*.....  
(*years*)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE A.C.

(18) BIRTHPLACE AL.

(13) OCCUPATION  
Merchant (Gen'l. Mgrs.)

(10) OCCUPATION  
House wife

20) Number of children born to mother, including present birth Five

(21) Number of children of this mother now living, including present birth: Four

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:30 P.M.  
on the date above stated. (Dead or stillborn) (Hour 2 or P.M.)

(23) (Signature) Allen Zimmerman

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

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

(27) Filed Dec 10 1974 (28) J. V. Verma  
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.