

(1) PLACE OF BIRTH

County of *Macon*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46813

Township of

or

Inc. Town of

or

City of

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

(No. _____)

Registration District No. 33-A

Registered No. 10

(For use of Local Registrar)

(2) Full Name of Child

Alice Lillian Lockers

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

no

(5) Number in order of birth

11

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

*Jan. 20**1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

D. P. Lockers

(9) PRESENT POSTOFFICE OF FATHER

Bennettsville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45

(Years)

(12) BIRTHPLACE

Darlington Co S.C.

(13) OCCUPATION

Black Smith

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

11

MOTHER.

(14) NAME BEFORE MARRIAGE

Alice Byrd

(15) PRESENT POSTOFFICE OF MOTHER

Bennettsville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

42

(Years)

(18) BIRTHPLACE

Darlington Co S.C.

(19) OCCUPATION

House wife

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

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *8 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. F. Ramsey

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M.D. Bennettsville S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

Jan 26

191...

(28)

W. W. Pate

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.

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McCaw, of Columbia.

McCaw

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.

THIS CARD IS TO BE PRESERVED FOR FUTURE REFERENCE IN A SEPARATE RECORD.

WHITE RECORDS AND COLORED RECORDS.