

## (1) PLACE OF BIRTH

County of CharlestonTownship of Summerville

Inc. Town of .....

City of .....

(No. .... St. .... Ward)  
(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 HealthRegistration District No. 13NBNo. 3460Registered No. 14  
(For use of Local Registrar)(2) Full Name of Child Kinsatta Harriet Lambert If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Female (4) Type or Token To be covered only in case of Twin or Triple (5) Number in order of birth 1st (6) Age 10 (7) DATE OF BIRTH Sept 27 1923  
(Month) (Day) (Year)FATHER  
(8) FULL NAME Samuel Lee Lambert  
(9) PRESENT RESIDENCE OF FATHER Marion  
(10) COLOR White (11) AGE AT LAST BIRTHDAY 34  
(12) BIRTHPLACE Liberty  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birthMOTHER  
(14) NAME BEFORE MARRIAGE Samuel Libour  
(15) PRESENT RESIDENCE OF MOTHER Marion  
(16) COLOR White (17) AGE AT LAST BIRTHDAY 33  
(18) BIRTHPLACE Liberty  
(19) OCCUPATION Farming  
(20) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (How A. M. or P.M.)(22) (Signature) H. O. S. Lambert(23) State whether Physician or Midwife(24) Address of Physician or Midwife Marion

Given name added from a supplemental report

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

(26) Filed Nov 28 1923 (27) 6 (28) 10

\*When there was no attending physician or midwife, then the father, householder, etc. should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.