

FORM NO. 2

WHILE PLAINLY, WITH UNFADING INK. THIS IS A SEPARATE REPORT FOR EACH CHILD, AND MUST BE  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the  
FIRST-NUMBER, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.

McClary, of Columbia.

(1) PLACE OF BIRTH

County of Rockwell

Township of Hwy 100

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only  
**85864**

Registration District No. 22

Registered No. \_\_\_\_\_

(Error use of Local Registrar)

St. \_\_\_\_\_

(Error use of Local Registrar)

(2) Full Name of Child Baltic Jane Lambert

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 15 1914 (8) TIME OF BIRTH 11:00 (9) PLACE OF BIRTH Home

(10) FATHER'S NAME James Lambert (11) FATHER'S RESIDENCE Home (12) FATHER'S OCCUPATION Farming (13) FATHER'S AGE AT LAST BIRTHDAY 26 (14) FATHER'S COLOR OR RACE White (15) FATHER'S PLACE OF BIRTH Pa (16) FATHER'S OCCUPATION Farmer (17) FATHER'S NUMBER OF CHILDREN NOW LIVING, INCLUDING PRESENT BIRTH 2

(18) MOTHER'S NAME James Verdin (19) MOTHER'S RESIDENCE Home (20) MOTHER'S OCCUPATION Housewife (21) MOTHER'S AGE AT LAST BIRTHDAY 21 (22) MOTHER'S COLOR OR RACE White (23) MOTHER'S PLACE OF BIRTH Pa (24) MOTHER'S OCCUPATION Housewife (25) MOTHER'S NUMBER OF CHILDREN NOW LIVING, INCLUDING PRESENT BIRTH 2

(26) I hereby certify that I attended the birth of this child, who was born at Home on the date above stated. (27) (Signature) J. B. McClary (28) State whether Physician or Midwife Physician (29) Address of Physician or Midwife Columbia

Given name added from a supplemental report \_\_\_\_\_

(26) Witness \_\_\_\_\_ (27) Filed 11-15-14 (28) Local Registrar \_\_\_\_\_

(29) 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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