

## (1) PLACE OF BIRTH

County of AndersonTownship of King

or

Inc. Town of Wadesboro

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

24476

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

(No. .... St.; .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 10, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James E. Lamb(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20  
(Years)(12) BIRTHPLACE Anderson County(13) OCCUPATION Cotton Mill Worker(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hazel Lamb(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Anderson County(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:00 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Lamb(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson 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 19 (28) 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.