

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

10125

Registration District No. 702Registered No. 26
(For use of Local Registrar.)

(2) Full Name of Child Martha Lambright (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Sex of Child Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH 10th April 1922
 To be answered only in event of Twin or Triplet (Name of Month (Day) (Year))

FATHER.

(3) FULL NAME Unknown
 (8) PRESENT POSTOFFICE OF FATHER _____
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY _____ (Year)
 (12) BIRTHPLACE _____

(13) OCCUPATION _____

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet
 (15) PRESENT POSTOFFICE OF MOTHER Moncks Corner
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 14 years (Year)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Laborer

(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 alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rose Lambright (24) State, whether Physician or Midwife (25) Address of Physician or Midwife Moncks Corner

Given name added from a supplemental report

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

(27) Date April 23rd 1922 (28) Local Registrar N. E. McCarrie

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.