

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

MOCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Princes*
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
74895

Registration District No. *4104* Registered No. *73*
(For use of Local Registrar)

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

(2) Full Name of Child *James Philpha Lambert* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? *To be answered only in event of Twins or Triplets* (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH. *Aug. 12, 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Philip Lambert*
(9) PRESENT POSTOFFICE OF FATHER *Sumter S. C. R. #2*
(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *23*
(Years)
(12) BIRTHPLACE *Sumter Co S. C.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Maggie Riley*
(15) PRESENT POSTOFFICE OF MOTHER *Sumter S. C. R. #2*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *23*
(Years)
(18) BIRTHPLACE *Sumter Co S. C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11 A.* M.,
on the date above stated. *Born alive or stillborn* (Hour A. M. or P. M.)

(23) (Signature) *Jane Blair*
(24) State whether *Midwife* (Physician or Midwife) (25) Address of Physician or Midwife *Sumter S. C. R. #2*

Given name added from a supplemental report
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....., 19
Registrar

(26) Witness *Silas B. Koth*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Aug 16 1916* (28) *Silas B. Koth*
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.