

(1) PLACE OF BIRTH

County of Charleston
 Township of St. George's
 Inc. Town of North Chas.
 City of

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

No. 3281
 (For use of Local Registrar)

Registration District No. 9A9 Registered No. 24
 (For use of Local Registrar)

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

(2) Full Name of Child Viola Lambright

(3) SEX OF CHILD girl (4) Type of Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married yes (6) DATE OF BIRTH Feb. 4, 1923
 (Name of Child) (Day) (Year)

FATHER.
 (7) FULL NAME James Lambright
 (8) PRESENT RESIDENCE OF FATHER North Chas. S.C.
 (9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 24
 (11) BIRTHPLACE Mercks Cornet S.C.
 (12) OCCUPATION Gen. Laborer
 (13) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Wilhelmenia Lambright
 (15) PRESENT RESIDENCE OF MOTHER North Chas. S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
 (18) BIRTHPLACE Lambert S.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Viola Ford Turner
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Date Feb. 13, 1923 (27) B. F. Myers 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.