

(1) PLACE OF BIRTH

County of Georgetown
Township of #2
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

6970

Registration District No. 2101

Registered No. 7
(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 Willie B. Lambert

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 22, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Lambert
(9) PRESENT POSTOFFICE OF FATHER Georgetown, S.C. R.D.
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE Georgetown Co. S.C.
(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Ella Lambert
(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C. R.D.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE Sumter, S.C.
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 6

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Mary Spool

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Georgetown, S.C. R.D.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 3-14 19 22 (28) A. J. Tilton 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.