

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
envelope NO. 1. THE OTHER, NO. 2, etc., in question 5.

McCaw, of Columbia

(1) PLACE OF BIRTH County of <u>Darlington S.C.</u> Township of _____ or Inc. Town of _____ or City of <u>Darlington S.C.</u> (No. _____)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA. Bureau of Vital Statistics State Board of Health	
Registration District No. <u>13A</u>		Registered No. <u>13</u> (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>1</u> Ward <u>1</u> (If child is not yet named, make it supplemental report as directed)	
(2) Full Name of Child <u>Maurice Terry Lambert</u>			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>(to be answered only in case of Twin or Triplet)</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>
(7) DATE OF BIRTH <u>Jan 15 1922</u> (Name of Month) (Day) (Year)		(8) MOTHER	
FATHER (9) FULL NAME <u>Charlie Frank Lambert</u>		(14) NAME BEFORE MARRIAGE <u>Katherine Smith</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Darlington S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington S.C.</u>	
(11) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>Darlington S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(13) OCCUPATION <u>Electrician</u>		(18) BIRTHPLACE <u>Charleston S.C.</u>	
(19) OCCUPATION <u>Domestic</u>		(20) OCCUPATION <u>Domestic</u>	
(21) Number of children born to mother, including present birth <u>3</u>		(22) Number of children of this mother now living, including present birth <u>3</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
(23) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at _____ (Hour and or P. M.) <u>9:30 P.</u>			
(24) State whether Physician or Midwife <u>Physician</u>		(25) Address of Physician or Midwife <u>Darlington S.C.</u>	
(26) Witness (Signature of Witness necessary only when question 23 is signed by M.D.) <u>[Signature]</u>		(27) Filed <u>Jan 15 1922</u> (28) <u>[Signature]</u> Local Registrar	
Given name added from a supplemental report No. _____ Date _____ 191____			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return, before a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy. 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.			