

MAKING HERSELF UP FOR BIDDING.
WHEN PLACED WITH A SPENDING FINE—THIS IS A PUNISHMENT HERSELF
N. B.—In case of twins or triplets, give the name of each child and mark the
first-born, No. 1, the second No. 2, and the third No. 3.

(1) PLACE OF BIRTH

County of Berkeley
Township of St. James
or
Inc. Town of James
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3234

Registration District No. 201 Registered No. 20
(For use of Local Registrar)

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

(2) Full Name of Child S. Blair Lamb If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 12, 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Henry Lamb</u>	(14) NAME BEFORE MARRIAGE <u>Mattie Amanda Drog</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Summerville, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville, S. C.</u>		
(10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Berkeley Co.</u>	(18) BIRTHPLACE <u>Berkeley Co.</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:40 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Edmund H. Simmons
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Summerville, S.C.

Given name added from a supplemental report.

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

(27) Filed Mar. 1, 1922 (28) H. G. Barnard 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.