

## (1) PLACE OF BIRTH

County of Georgetown

Township of .....

OF  
Inc. Town of .....OF  
City of Georgetown

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

(2) Full Name of Child DORIS-LAMBERT

File No.—For State Registrar Only

42505

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41-ARegistered No. 115-  
(For use of Local Registrar)(No. 221 Stazard St.; ..... Ward)

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>Twin</u>	(5) Number in order of birth <u>5<sup>th</sup></u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1</u> 19 <u>27</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME SILAS-LAMBERT(9) PRESENT POSTOFFICE OF FATHER Georgetown-S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Summit-Georgetown Co-S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE LEEVE-DORSEY(15) PRESENT POSTOFFICE OF MOTHER Georgetown-S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Summit-Georgetown Co-S.C.(19) OCCUPATION Housekeeping(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 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm Gallant (25) Address of Physician or Midwife Georgetown-S.C.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed Dec 19 1927 (28) Mrs. J. Y. King 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.