

1/13 PLACE OF BIRTH

(1) PLACE OF BIRTH

County of Lee

Township of Lee

Inc. Town of Lee

City of Lee

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

(2) Full Name of Child Herbert L. Lammie, Jr.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

4140

Registration District No. 3002 Registered No. 106  
(For use of Local Registrar)

Ward

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Elbert L. Lammie, Jr.

(9) PRESENT POSTOFFICE OF FATHER

Lee, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Lee, S.C.

(13) OCCUPATION

Domestic

(14) NAME BEFORE MARRIAGE

John

(15) PRESENT POSTOFFICE OF MOTHER

Lee, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

31

(18) BIRTHPLACE

Lee, S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed

12/2/25

(28) Local Registrar

When there was no attending physician or midwife, then the father, householders, 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.