

(1) PLACE OF BIRTH

County of Yves

Township of Paulsby

or
Inc. Town of

or
City of Lockhart, Mo.

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

Registration District No. 42.6.6 Registered No. 13
(For use of Local Registrar)

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

File No. — For State Registrar Only
2668

(2) Full Name of Child Louise Lamb

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

(1) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Lamb

(9) PRESENT POSTOFFICE OF FATHER Lockhart, Mo.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 1/2 (Years)

(12) BIRTHPLACE Iron Co Farm

(13) OCCUPATION Water Mill Wood

(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Jones

(15) PRESENT POSTOFFICE OF MOTHER Lockhart, Mo.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Irish Bros Farm

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:00 P. M., on the date above stated. (Born-alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blanche Broadley, M.D.

(24) State whether Physician or ~~midwife~~ etc. (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 Feb 11 1922 (28) P. J. Gallman 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.

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FILED IN QUESTION 6