

## (1) PLACE OF BIRTH

County of *Yamoo*Township of *Camden*or  
Inc. Town ofor  
City of *Lockhart Hb.*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2668

Registration District No. *42.6.6* Registered No. *13*

(For use of Local Registrar)

(2) Full Name of Child *Louise Lamb*

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

(1) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug. 16, 1922</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Arthur Lamb</i>			(14) NAME BEFORE MARRIAGE <i>Pearl Jones</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Lockhart Hb.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Lockhart Hb.</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>24 1/2</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>19</i> (Years)	
(12) BIRTHPLACE <i>Yamoo Co Farm</i>			(18) BIRTHPLACE <i>Yamoo Co Farm</i>	
(13) OCCUPATION <i>Water Mill Wood</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>2</i>			(21) Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10. 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* (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. 1, 1923* (28) *P. J. Tallman* 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.

If a child breathes even once, before the fifth month of pregnancy.