

Form No. 1

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA.		64406	
Township of <u>Georgetown</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2102</u>		Registered No. <u>1</u>	
or				(For use of Local Registrar)	
City of <u>Georgetown</u>		No. <u>1</u>		St.; <u>1</u> Ward	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Archie Wheeler Lambert</u> child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 27 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Mr. Wheeler Lambert</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Sue Lambert</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lampitt, S.C.</u>		
(10) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Years)			(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Campit</u>			(18) BIRTHPLACE <u>Campit</u>		
(13) OCCUPATION <u>Carpenter Trade</u>			(19) OCCUPATION <u>House wife Mary Bassard</u>		
(20) Number of children born to mother, including present birth <u>2 children</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 <u>born alive</u> (Born alive or stillborn) (Sign A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Wm. B. Lambert</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Mrs. Sue Lambert</u>					
(26) Witness <u>Dr. Sawyer</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>July 12 1916</u> (28) <u>Ed. W. H. H.</u> Registrar 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.