

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown  
Township of Georgetown  
or  
Inc. Town of  
or  
City of Georgetown  
(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  
**64406**

Registration District No. 2102 Registered No. 1  
(For use of Local Registrar)

(2) Full Name of Child Archie Wheeler Lambert child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27 1916  
To be answered only in case of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Mr. Wheeler Lambert  
(9) PRESENT POSTOFFICE OF FATHER Georgetown  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)  
(12) BIRTHPLACE Camden S.C.  
(13) OCCUPATION Carpenter Trade  
(14) Number of children born to mother, including present birth 2 children

MOTHER.  
(14) NAME BEFORE MARRIAGE Miss Sue Lambert  
(15) PRESENT POSTOFFICE OF MOTHER Lampitt S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Lampitt  
(19) OCCUPATION house wife Mary Bassard  
(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 (Born alive or stillborn) (Specify A. M. or P. M.) on the date above stated.

(23) (Signature) Wm. B. ...  
(24) State whether Physician or Midwife (25) address of Physician or Midwife ...

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness Dr. Sawyer  
(Signature of Witness necessary only when question 23 is signed by mark.)  
(27) Filed July 1916 (28) Ed. ...  
Local Registrar

MARGIN RESERVED FOR BENDING.  
WRITE 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.

\*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.