

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Basalt  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

37700

Registration District No. 4006Registered No. 128  
(For use of Local Registrar)

(City of ..... (No. of ..... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Rachel L. Lammie

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

(3) SEX OF CHILD Boy (4) Type of Triple yes (5) Number in order of birth 1 (6) Age of Mother 23 (7) DATE OF BIRTH Nov 1 1923  
 To be answered only in event of Triple or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Thos. Lammie  
 (9) PRESENT POSTOFFICE OF FATHER White Stone Sc  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Year)  
 (12) BIRTHPLACE Sc

(13) OCCUPATION Laborer

(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Clara L.  
 (16) PRESENT POSTOFFICE OF MOTHER White Stone Sc  
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 20 (Year)  
 (19) BIRTHPLACE Sc

(20) OCCUPATION Housewife

(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 Alive at 3.0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Miss J. L. Lammie(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife White Stone Sc

Given name added from a supplemental report

L. M. 4:44 V. 11.7  
11.11.14.3 19 23  
 Registrar

(26) Witness C. J. Cole

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

(27) Filed 11-11-23(28) 2023(29) 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.