

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

City of Columbia.
 S. C.

(1) PLACE OF BIRTH

County of GeorgetownTownship of #2

Inc. Town of

City of

(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

55927

Registration District No. 2001Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Samuel Sidney Lambert

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Apr. 30 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME G. W. Lambert Jr.(9) PRESENT POSTOFFICE OF FATHER Samph S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Georgetown County S C(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ward(15) PRESENT POSTOFFICE OF MOTHER Samph S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Georgetown County S C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) George W. Lambert Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Julia T. Bailey

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed May 6 1916. (28) W. T. Bailey 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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