

Form No. 1

(1) PLACE OF BIRTH

County of Marion  
 Township of Marion  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

15012

Registration District No. 4170 Registered No. 21  
 (For use of Local Registrar)

(No. .... 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 John Martin Lamb If child is not yet named, make supplemental report as directed

3 BOY OR GIRL Boy 4 Twin or Triplet Single 5 Number in order of birth 1 6 Are Parents Married? Yes 7 DATE OF BIRTH Mar 7 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME John Martin Lamb  
 9 PRESENT POSTOFFICE OF FATHER Marion S.C.  
 10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 23  
 12 BIRTHPLACE Marion S.C.  
 13 OCCUPATION Farmer

20 Number of children born to mother, including present birth 12

MOTHER.

14 NAME BEFORE MARRIAGE Ann M. Lamb  
 15 PRESENT POSTOFFICE OF MOTHER Marion S.C.  
 16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 27  
 18 BIRTHPLACE Marion S.C.  
 19 OCCUPATION Farmer

21 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) John M. Lamb (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness John M. Lamb (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 10 1923 (28) P. A. Matheson 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.