

WRITE PLAINLY. WITH UNFADING INK—USE AS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
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
19460

Registration District No. 2301 Registered No. 73
(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 George M. Lamm

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George M. Lamm
(9) PRESENT POSTOFFICE OF FATHER Sumterville
(10) COLOR OR RACE neg (11) AGE AT LAST BIRTHDAY 50 (Years)
(12) BIRTHPLACE Sumter
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lettie Watson
(15) PRESENT POSTOFFICE OF MOTHER Sumterville
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Marbleboro, S.C.
(19) 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 at M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna J. Williams
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sumterville

Given name added from a supplemental report
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....., 19 .. Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed June 25, 1922 (28) Mar. H. H. H. 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.