

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of Bellton S.C.or  
City of .....

## CERTIFICATE OF BIRTH

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

No. - For this registration

213

Registration District No. 300Registered No. 9  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Margie Lee Lambrecht

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

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number by order of birth 1 (6) Age of Mother Yes (7) Date of Birth Jan 5 1926

## FATHER.

(8) FULL NAME Sam Lambrecht(9) PRESENT RESIDENCE OF FATHER Bellton S.C.(10) COLOR Black (11) AGE AT LAST BIRTHDAY 29(12) OCCUPATION Anderson Co(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth Four

## MOTHER.

(14) FULL NAME Mattie Smith McClintock(15) PRESENT RESIDENCE OF MOTHER Bellton S.C.(16) COLOR Black (17) AGE AT LAST BIRTHDAY 28(18) OCCUPATION Anderson Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 2 P.M.(23) (Signature) Thos. P. Marshall M.D.

(24) Since whether Physician or Midwife

(25) Address of Physician or Midwife

Bellton S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "Stillborn")

(27) Date Feb 2 1926

(28) 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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