

(1) PLACE OF BIRTH

County of Berkely
 Township of 1st St. John
 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

10119

Registration District No. 712Registered No. 33
(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 Sarah Lambright (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Apr. 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaac Lambright
 (9) PRESENT POSTOFFICE OF FATHER Bonham SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Berkely Co. SC
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Brown
 (15) PRESENT POSTOFFICE OF MOTHER Bonham SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26 (Years)
 (18) BIRTHPLACE Berkely Co. SC
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2.2 M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Mary M. Lambright (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bonham SC

Given name added from a supplemental report (26) Witness Isaac Lambright (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 4/15/1922 (28) R. A. Linde 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.