

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		34495	
Township of <u>#2</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
or City of .....		Registration District No. <u>2101</u>		Registered No. <u>5758</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No. .... St. .... Ward		(For use of Local Registrar)	
(2) Full Name of Child <u>Steven W. Lambert</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>BOY</u>	(4) Twin or Triplet <u>To be answered only in case of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Oct 31 22</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>George Lambert</u>			(14) NAME BEFORE MARRIAGE <u>Laura Branton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown, S.C.R.2.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown, S.C.R.2.</u>		
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Year)		
(12) BIRTHPLACE <u>Sampit, S.C.</u>			(18) BIRTHPLACE <u>Berkely Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> , at <u>10 A.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mary Ward</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Georgetown, S.C.</u>					
Given name added from a supplemental report			(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>A. J. Felt</u> Local Registrar.		
When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it should be reported as <u>born</u> . The report is deemed of stillbirths when the birth month of pregnancy.					

MADE IN GEORGETOWN, SOUTH CAROLINA, U. S. A.