

1) PLACE OF BIRTH
County of Anderson
Township of Forbes
or
Inc. Town of
or
City of

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

63013

Registration District No. 305 Registered No. 65
(For use of Local Registrar)
St.; Ward)
(No.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Sarah Barton Lamb

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Samuel Lamb
(9) PRESENT POSTOFFICE OF FATHER Townville SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)
(12) BIRTHPLACE Anderson Co SC
(13) OCCUPATION Mail Carrier
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Ann Barton
(15) PRESENT POSTOFFICE OF MOTHER Townville SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(18) BIRTHPLACE Anderson Co SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.
(22) I hereby certify that I attended the birth of this child, who was born alive at Townville SC (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) A. W. Anderson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Townville SC

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed July 3 1916 (28) R. H. C. Blair Local Registrar

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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