

## (1) PLACE OF BIRTH

County of Anderson

Township of .....

or  
Inc. Town of .....or  
City of Anderson

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

58393

Registration District No. 3ARegistered No. 149  
(For use of Local Registrar)(2) Full Name of Child. Nathaniel Robert M. Lamb If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 12</u> 191 <u>6</u> (Name of Month) (Day) (Year)
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## FATHER.

(3) FULL NAME Nathaniel M. Lamb(6) PRESENT POSTOFFICE OF FATHER Anderson(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC(13) OCCUPATION laborer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Fancy Arnold(15) PRESENT POSTOFFICE OF MOTHER Anderson(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE 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 alive at 7:30 M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.(23) (Signature) J. B. Brown(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled

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(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.

Registrar