

# CERTIFICATE OF BIRTH

County of Blair  
Township of Cal  
or  
Inc. Town of S. J.  
or  
City of .....

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

File No.—For State Registrar Only  
25512

Registration District No. 1301, Registered No. 24.....  
(For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 If death occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Samuel If child is not yet named, make supplemental report as directed

3 BOY OR GIRL? Boy 4) Twin or Triplet? Twins (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 6, 1962  
(Month) (Day) (Year)

FATHER		MOTHER	
8 FULL NAME	Willis Gamble	(14) NAME BEFORE MARRIAGE	Maie Preston

9 PRESENT POSTOFFICE OF FATHER Silver S.C. (15) PRESENT POSTOFFICE OF MOTHER Silver S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 28 (Years)

12. BIRTHPLACE	S.C.
13. BIRTHPLACE	S.C.

18 OCCUPATION  
Farming

19 OCCUPATION  
Farming & house work

(20) Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 0000 M.,  
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) M. C. La Paro

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplemental report

(28) Witness .....

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

(27) Filed Feb 10 1922 (28) C. J. J. 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.