

**CERTIFICATE OF BIRTH**

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

File No. - For State Registrar Only  
**74739**

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Cherokee  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 4001a  
Registered No. 219  
(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.)

(2) Full Name of Child Udda Oline Kimbrell  
(If child is not yet named, make supplemental report as directed)

(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 Aug 4 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Gittes Kimbrell  
(9) PRESENT POSTOFFICE OF FATHER Cherokee SC R-1  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE SC  
(13) OCCUPATION Farming

MOTHER.  
(14) NAME BEFORE MARRIAGE Jellie Gilbert  
(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC R-1  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (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 Male at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Haris Clement (25) Address of Physician or Midwife Cherokee SC R-1  
(24) State whether Midwife Physician or Midwife

Given name added from a supplemental report  
.....  
19 .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Aug 6 1916 (28) J. B. W. [Signature] 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.