

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		File No.—For State Registrar Only	
County of <u>Greenwood</u>		STATE OF SOUTH CAROLINA.		13172	
Township of <u>Walnut Grove</u>		Bureau of Vital Statistics			
or <u>Woodsboro</u>		State Board of Health			
Inc. Town or City of <u>Woodsboro</u>		Registration District No. <u>13/11</u>		Registered No. <u>85</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>13/11</u> )		(For use of Local Registrar)	
(2) Full Name of Child <u>Casper McCullough Gambrell</u>		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>Dec. 9, 1915</u>	
FATHER		MOTHER			
(8) FULL NAME <u>J. Casper Gambrell</u>		(14) NAME BEFORE MARRIAGE <u>Mary K. McCullough</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Woodsboro SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Woodsboro SC</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(16) COLOR OR RACE <u>white</u>		(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Laurin Co SC</u>		(18) BIRTHPLACE <u>Greenville Co SC</u>			
(13) OCCUPATION <u>Coker work of Woodsboro SC</u>		(19) OCCUPATION <u>housewife</u>			
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>5</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7 o'clock A. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>J. B. Workman</u>					
(24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Woodsboro SC</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
191...		(27) FILED <u>Jan 6, 1916</u> (28) <u>J. C. Mabry</u> 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.					