

Form No 1.

(1) PLACE OF BIRTH

County of BlairTownship of NarglorInc. Town of 1City of 1  
(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

45861

Registered No. 80  
(For use of Local Registrar)(2) Full Name of Child David Nelson Gamber

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan 18 1903</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Thomas Carl Gamber(9) PRESENT POSTOFFICE OF FATHER Farmville S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Blair County S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Coker(15) PRESENT POSTOFFICE OF MOTHER Farmville S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26  
(Years)(18) BIRTHPLACE Blair County S.C.(19) OCCUPATION House work(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 Alive at 9 P.M.  
on the date above stated. (Born, alive or stillborn) (Hour, A. M. or P.)(23) (Signature) E. D. Gamber

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Signature of Physician or Midwife

(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

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(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

(Signature of Physician or Midwife)

MARGIN RESERVED FOR BINDING.

WRITE 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.

State of Columbia.