

(1) PLACE OF BIRTH

County of AndersonTownship of Pendleton

Inc. Town of

City of

(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

71309

Registration District No. 310 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Robert Maycie Gambrell 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>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 29</u> 191 <u>6</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Hammond Gambrell(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. #3(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Anderson Co - S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Della Williamson(15) PRESENT POSTOFFICE OF MOTHER Pendleton, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Anderson Co - S.C.(19) OCCUPATION House keeper(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 6:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. M. Hobson M.D.

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

Given name added from a supplemental report

LAR 191...Sept 8, 1916

Registrar

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

(27) Filed Sept 10 1916 (28) F. M. Hobson 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.

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FOR CO. & N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1, THIS OFFICE, No. 2, etc., in question 5.

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