

(1) PLACE OF BIRTH

County of

Williamson

Township of

*Andrew*or
Inc. Town ofor
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

79612

Registration District No.

16300

Registered No.

32

(For use of Local Registrar)

(2) Full Name of Child

Francis J. Gamble

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

(3) ~~Boy~~
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?(7) DATE OF
BIRTH*Aug 24, 1916*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME*William Gamble*(9) PRESENT
POSTOFFICE
OF FATHER*Trid & e*(10) COLOR
OR
RACE*White*(11) AGE AT LAST
BIRTHDAY*41*

(Years)

(12) BIRTHPLACE

Sp

(13) OCCUPATION

Farm(20) Number of children born to
mother, including present birth*8*

MOTHER.

(14) NAME BEFORE
MARRIAGE*Eugenie Wilch*(15) PRESENT
POSTOFFICE
OF MOTHER*Trid & e*(16) COLOR
OR
RACE*W*(17) AGE AT LAST
BIRTHDAY*34*

(Years)

(18) BIRTHPLACE

Sp

(19) OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth*6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *6* P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sillie Williamson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Trid & e*Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *8-24-1916*

(28)

G. Williamson

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.