

(1) PLACE OF BIRTH

County of Anderson
 Township of North Path
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
237

Registration District No. 307 Registered No. 10
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charles William Gambrell If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parent Married Yes (7) DATE OF BIRTH 1-2-22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Berry Linton Gambrell
 (9) PRESENT POSTOFFICE OF FATHER Apex Lake S.C.
 (10) COLOR RACE white (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Anderson Co.

(13) OCCUPATION Insurance Agent

(14) Number of children born to mother, including present birth 10 6

MOTHER

(14) NAME BEFORE MARRIAGE Lacey Beale Begley
 (15) PRESENT POSTOFFICE OF MOTHER Apex Lake S.C.
 (16) COLOR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was Alive at 8:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. W. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
MD North Path S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Jan 31, 1922 (28) J. A. Williams
 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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DO NOT WRITE IN THESE SPACES