

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

12/13/40

16 092974

1. PLACE OF BIRTH

County of Anderson  
Township of Pendleton  
or  
Inc. Town of                       
or  
City of                     

Standard Certificate of Birth

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

FILE No.—For State Registrar Only

00245

Registration District No. 310 Registered No.                       
(For use of Local Registrar)

(No.                      St.                      Ward                     )  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
If child is not yet named, make supplemental report as directed.

2. FULL NAME OF CHILD

Robert Arnold Gambrell

3. Boy or Girl Boy If Plural births                      4. Twin, triplet or other                      6. Premature                      7. Are Parents Married? Yes 8. Date of birth Oct. 10, 1916  
(Month, day, year)

9. Full name Chester Sullivan Gambrell

FATHER

18. Name before marriage Lethia Gertrude Williams

MOTHER

10. Residence (mailing address) Pendleton, S. C.  
(If non-resident, give place and State)

19. Residence (mailing address) Pendleton, S. C.  
(If non-resident, give place and State)

11. Color or race W 12. Age at last birthday 43 (Years)

20. Color or race W 21. Age at last birthday 39 (Years)

13. Birthplace (city or place) Anderson Co., S. C.  
(State or country)

22. Birthplace (city or place) Anderson Co., S. C.  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.                     

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.                     

16. Date (month and year) last engaged in this work                     , 19                    

25. Date (month and year) last engaged in this work                     , 19                    

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 5 (b) Born alive but now dead                      (c) Stillborn                     

28. If stillborn, period of gestation                      months                      weeks 29. Cause of stillbirth                      Before labor                      During labor                     

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at                      m. on the date above stated.  
(Born alive or stillborn) Mother

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Lethia Gertrude Williams

or                      Midwife.

Given name added from                      Address                       
a supplementary report                      (Date of)                     

Filed Dec. 17, 1940 M. B. Woodward, M. D.  
Registrar.

Registrar.