

## (1) PLACE OF BIRTH:

County of Greenwood

Township of .....

Inc. Town of .....

(City of Greenwood)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

4103

Registration District No. 73aRegistered No. 6  
(For use of Local Registrar)(City of Greenwood) (No. 3.15 Greenwood St.) (Ward) 1  
birth occurs in a hospital or other institution, give name of same (instead of street and number.)(2) Full Name of Child Paul Wesley Gamble If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(2) Type or Type <u>1</u> To be given only in case of Twin or Triplet	(3) Number in order of birth <u>3</u>	(4) Are there marriages <u>yes</u>	(5) DATE OF BIRTH <u>April 10 1915</u>
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(6) FULL NAME <u>Wm Fletcher Gamble</u>	(7) NAME BEFORE MARRIAGE <u>Martha Victoria Jones</u>
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(8) PRESENT POST OFFICE OF FATHER <u>Greenwood</u>	(9) PRESENT POST OFFICE OF MOTHER <u>Greenwood</u>
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(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>34</u>	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>24</u>
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(14) BIRTHPLACE <u>Anderson Co. S.C.</u>	(15) BIRTHPLACE <u>Shutlandburg Co. S.C.</u>
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(16) OCCUPATION <u>Teacher</u>	(17) OCCUPATION <u>Domestic</u>
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(18) Number of children born to mother, including present birth <u>Three</u>	(19) Number of children of this mother now living, including present birth <u>Two</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 4:45 P.M. on the date above stated. (Born alive or stillborn Hour M. or P.M.)

(21) Signature <u>[Signature]</u>	(22) Address of Physician or Midwife <u>Greenwood</u>
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(23) Given name of child <u>Paul Wesley</u>	(24) Witness <u>[Signature]</u>
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(25) Filed <u>July 10 1915</u>	(26) Local Registrar <u>W. W. Williams</u>
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When there is a birth of a child, then the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

If a child is born even dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.