(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

Registration District No. 34 Registered No. 68
(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.)

File No.—For State Registrar Only
2969

(2) Full Name of Child Juliann M. Gambrell — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			Feb 26 1922 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Lawrence Gambrell	(14) NAME BEFORE MARRIAGE	Martha Gambrell
(9) PRESENT POSTOFFICE OF FATHER	Anderson	(15) PRESENT POSTOFFICE OF MOTHER	Anderson RFD
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY	51 (Years)	(17) AGE AT LAST BIRTHDAY	45 (Years)
(12) BIRTHPLACE	Anderson	(18) BIRTHPLACE	Anderson S C
(13) OCCUPATION	Farmer	(19) OCCUPATION	Farm
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mamie Thompson M.D.
(24) State whether Physician or Midwife — Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed ..... 19 .... (28) .....
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.

Registrar — Local Registrar
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McCaw of Columbia, Columbia, S. C. FIRST-HOUR No. 1 THIS OFFICIAL No. 2, etc., in question 5.