

(1) PLACE OF BIRTH

County of WmbergTownship of Wmbergor
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

32663

Registration District No. 4306 Registered No. 55~

(For use of Local Registrar)

2) Full Name of Child Wesley R. Gamble If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>Six</u>	(6) A: <u>Yes</u> Parents Married?	(7) DATE OF BIRTH <u>Sept 28, 1922</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Mott Gamble</u>		(14) NAME BEFORE MARRIAGE <u>Martha C. Morgan</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Cades SC</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Cades SC</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Wmberg Co</u>		(18) BIRTHPLACE <u>Wmberg Co</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>Six</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, at 12.0 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) P. C. Morgan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Tingebur SC 162

Given name added from a supplemental report

(26) Witness R. C. McEwen(Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Oct 10, 1922 (28) J. T. Ferguson

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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