

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Winnburg</u>		STATE OF SOUTH CAROLINA		87769	
Township of <u>King</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4302</u>		Registered No. <u>107</u>	
or				(For use of Local Registrar)	
City of		(No. St.; Ward)			
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Ervin Gamble</u> .. { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are <u>yes</u> Parents Married?	(7) DATE <u>Nov. 6</u> 19 <u>16</u>	
To be answered only in case of twins or triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Luke Gamble</u>			(14) NAME BEFORE MARRIAGE <u>Susan McClary</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Kingsville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Kingsville</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Winnburg</u>			(18) BIRTHPLACE <u>Winnburg</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housekeeper</u>		
(20) Number of children born to mother, including present birth { <u>4</u> }			(21) Number of children of this mother now living, including present birth { <u>3</u> }		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>6 A</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lilly T. Shaw</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Midwife Kingsville</u>					
Given name added from a supplemental report			(26) Witness <u>Luke Gamble</u>		
..... 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Nov. 16, 1916</u> (28) <u>B. B. Blackman</u> 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.