

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

10019

County of Anderson

Township of Wined Path

Inc. Town of " " "

City of " " "

Registration District No. 307 Registered No. 25

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Malcomb Shirley Gambell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth 10

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 27 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Lewis Franklin Gambell

(14) NAME BEFORE MARRIAGE Lizzie Moore

(9) PRESENT POSTOFFICE OF FATHER Wined Path se

(15) PRESENT POSTOFFICE OF MOTHER Wined Path se

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Anderson R O

(18) BIRTHPLACE Abbeville Co

(13) OCCUPATION Farming

(19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 10

(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Shirley M. D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Wined Path se

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 191 (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 I Local Registrar

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FORM NO. 2. MARRIAGE REGISTRATION AND BIRTH RECORDS. WRITE PLAINLY, WITH ENCAUSTIC INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 5. McCaw, of Columbia.