

(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

59430

County of Clarendon

Township of Sandy Swamp

or
Inc. Town of
or

Registration District No. 13.15 Registered No. 29

City of _____ (No. _____) (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. J. Earl Gamble } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twin or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 7 1916</u> <small>(Name of Month) (Day) (Year)</small>
-----------------------------	---	------------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME J. Earl Gamble

(9) PRESENT POSTOFFICE OF FATHER Manning SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Clarendon

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth } 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Harrison

(15) PRESENT POSTOFFICE OF MOTHER Manning SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION House Work

(21) Number of children of this mother now living, including present birth } 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elmer Johnson

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

Given name added from a supplemental report

May 18 1916
R. S. Barwick
Registrar

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

(27) Filed 5/8 1916 (28) R. S. Barwick
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.

fifth month of pregnancy.

FIRST BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.