

## (1) PLACE OF BIRTH

County of Clarendon  
 Township of Douglas  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41758

Registration District No. 1303Registered No. 58  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Sarah Elizabeth Gamble (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 14 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Luther Martin Gamble(9) PRESENT POSTOFFICE OF FATHER Turbeville, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE South Carolina

(13) OCCUPATION

Salesman(14) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Susan M. Plowden(15) PRESENT POSTOFFICE OF MOTHER Turbeville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE South Carolina

(19) OCCUPATION

Housewife(20) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Turbeville, S.C.

Given name added from a supplemental report

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

(27) Filed Jan. 13 1923 (28) [Signature] 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.