

(1) PLACE OF BIRTH
County of Wmburg
Township of Hope
OF
Inc. Town of
OF
City of

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

File No.—For State Registrar Only
30472

Registration District No. 4301 Registered No. 111
(For use of Local Registrar)

(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 Lula Gumble (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? ye (7) DATE OF BIRTH Sept 20 1923
(Name) (Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|--|---|---|
| (8) FULL NAME <u>Daniel Gumble</u> | (14) NAME BEFORE MARRIAGE <u>Lula Miller</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Heinemann</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Heinemann</u> |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>21</u> (Years) |
| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>S.C.</u> | (19) OCCUPATION <u>Housewife</u> | (21) Number of children of this mother now living, including present birth <u>one</u> |
| (13) OCCUPATION <u>Farmer</u> | | | |
| (20) Number of children born to mother, 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 6 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Blair
(24) State whether Physician or Midwife Midwife (25) Signature of Physician or Midwife Heinemann S.C.

Given name added from a supplemental report
(26) Witness W. H. B. Bump (Signature of Witness necessary only when question 23 is signed) (27) Filed Sept 22 1923 (28) J. B. Blackwell 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.