

(1) PLACE OF BIRTH  
County of Wm.burg  
Township of Hope  
OF  
Inc. Town of.....  
OF  
City of..... (No. .... St.; .... Ward)

**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)

(2) Full Name of Child Lula Gumble (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>ye</u>	(7) DATE OF BIRTH <u>Sept 20 23</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>		<b>MOTHER.</b>		
(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> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>			
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, 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) Clarence S. Heinemann  
(24) State whether Physician or Midwife Midwife (Signature of Physician or Midwife)  
Heinemann S.C.

Given name added from a supplemental report  
.....  
..... 19  
Registrar

(26) Witness W. H. Simpson  
(Signature of Witness necessary only when question 23 is signed) (mark)  
(27) Filed Sep 22 23 (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.