

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

File No.—For State Registrar Only  
**9897**

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

*Anderson*  
*Hopewell*

Registration District No. *308*

Registered No. *3*  
(For use of Local Registrar)

St. *1* Ward

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

(2) Full Name of Child

*Martha Gambrell*

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

*Feb 6 22*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

*Garfield Beaty*

(9) PRESENT POSTOFFICE OF FATHER

*Anderson # 2*

(10) COLOR OR RACE

*Col*

(11) AGE AT LAST BIRTHDAY

*20*

(Year)

(12) BIRTHPLACE

*Anderson Co*

(13) OCCUPATION

*Farm hand*

MOTHER.

(14) NAME BEFORE MARRIAGE

*Beck Gambrell*

(15) PRESENT POSTOFFICE OF MOTHER

*Anderson Sc*

(16) COLOR OR RACE

*Col*

(17) AGE AT LAST BIRTHDAY

*18*

(Year)

(18) BIRTHPLACE

*Wood Co*

(19) OCCUPATION

*Domestic*

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

*2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *Alive* on the date above stated.

(Born alive or stillborn) (How A. M. or P. M.)

(23) (Signature)

*Mary Wimbush*

(24) State whether Physician or Midwife

*midwife*

(25) Address of Physician or Midwife

*Anderson Sc*

Given name added from a supplemental report

(26) Witness

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

*May 2 22*

*J M Vandiver*

(27) Filed

*19 22*

(28)

Local Registrar.

19

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.