

## (1) PLACE OF BIRTH

County of Williamburg  
 Township of Hope  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

Registration District No. 4301 Registered No. 108  
 (For use of Local Registrar)

File No.—For State Registrar Only

32600

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

(2) Full Name of Child Arnellie 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 Sept 6, 1927  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Peter Gamble

(9) PRESENT POSTOFFICE OF FATHER Speculville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Addie Anderson

(15) PRESENT POSTOFFICE OF MOTHER Speculville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(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 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Diana Nelson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Speculville 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 Sept 12, 1927 (28) J. A. 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.