

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3725

Registration District No. 130 Registered No. ?  
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? Twin (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30 19 22  
 To be answered only in event of Twins or Triplets (Age of Month) (Day) (Year)

## FATHER.

(10) FULL NAME J. Edwin Gumbel  
 (11) PRESENT POSTOFFICE OF FATHER Manning  
 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 30 (Years)  
 (14) BIRTHPLACE Clarendon County  
 (15) OCCUPATION Sheriff  
 (16) Number of children born to mother, including present birth 1 Girl

## MOTHER.

(17) NAME BEFORE MARRIAGE Ida Maude Kuchelme  
 (18) PRESENT POSTOFFICE OF MOTHER Manning  
 (19) COLOR OR RACE White (20) AGE AT LAST BIRTHDAY 24 (Years)  
 (21) BIRTHPLACE Marion Co  
 (22) OCCUPATION Housewife  
 (23) Number of children of this mother now living, including present birth 1 Girl

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(24) I hereby certify that I attended the birth of this child, who was Nelura at 1246 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) N. Gumbel  
 (26) State whether Physician or Midwife Physician (27) Address of Physician or Midwife Manning

Given name added from a supplemental report

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

(29) Filed Feb 19 22 (30) A. White 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.