

(1) PLACE OF BIRTH

County of Washington
Township of Jefferson
or
City of Jefferson

CERTIFICATE OF BIRTH
State of North Carolina
Bureau of Vital Statistics
State Board of Health

Registration District No. 4301

5446

Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

Helena Catherine Gamble

(a) SEX Female (b) AGE 40 (c) DATE OF BIRTH July 11, 1922

FATHER.
(1) NAME Charles Gamble
(2) RESIDENCE Greenville S.C.
(3) COLOR White (4) AGE AT LAST BIRTHDAY 40
(5) BIRTHPLACE S.C.
(6) OCCUPATION Farmer
(7) Number of children born to mother, including present one 2

MOTHER.
(1) NAME BEFORE MARRIAGE Jessie Gamble
(2) RESIDENCE Greenville S.C.
(3) COLOR White (4) AGE AT LAST BIRTHDAY 38
(5) BIRTHPLACE S.C.
(6) OCCUPATION Housewife
(7) Number of children of this mother now living, including present one 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Date of birth) July 11, 1922 (Hour A. M. or P. M.)

(29) (Signature) Emma White
(30) State whether Physician or Midwife Midwife (31) Address of Physician or Midwife Greenville S.C.

Given name added from a supplementary report

(32) Withheld (Signature of Withheld necessary only when question 28 is signed by mark)
(33) Signed Mar 7, 1923 (34) J. A. Gamble

*When there was no attending physician or midwife, then the father, or mother, or other person, must sign this certificate, and if a child breathes even once, it must not be reported as stillborn.