

(1) PLACE OF BIRTH

County of Anderson
 Township of Piedmont

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

3076

Inc. Town of Registration District No. 310 Registered No. 17
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Herence Frances Gambrell If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) If Parents Married? Yes (7) DATE OF BIRTH 2, 20, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME H. K. Gambrell
 (9) PRESENT POSTOFFICE OF FATHER Star Route Anderson A.C.
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 31 (Years)
 (12) BIRTHPLACE And. Co., S.C.
 (13) OCCUPATION Electrician
 (14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Hay Rowland
 (15) PRESENT POSTOFFICE OF MOTHER Star Route Anderson A.C.
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Cobb Co., Ga.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Sign A. M. or P. M.)

(23) (Signature) H. K. Gambrell
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Gambrell

Given name added from a supplemental report

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

(27) Filed Mar 10, 1922 (28) H. W. Leavright 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.

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 DIVISION OF VITAL STATISTICS
 STATE OF SOUTH CAROLINA
 PRINTED AT THE STATE PRINTING HOUSE, COLUMBIA, S. C.

McGraw-Hill
 Division of Columbia