

(1) PLACE OF BIRTH

County of WinthropTownship of Hopeor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

66565

Registration District No. 430 Registered No. 277

(For use of Local Registrar)

(2) Full Name of Child John Arthur Gamble

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 15, 1916</u> (Month of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Julius Gamble(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE Blue (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Winthrop Co., S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Two

MOTHER.

(15) NAME BEFORE MARRIAGE Ella Gamble(16) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 20 (Years)(19) BIRTHPLACE Winthrop Co., S.C.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Woods

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Greenville, 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 June 28, 1916 (28) E. C. Taylor, M.D. 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.

MADE PERMANENT WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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