

10 FORM OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

County of Anderson

Township of Beckwith

In Town of ...

City of ...

Registration District No. 301

Registered No. 385048

(For use of Local Registrar)

(No. ... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child G. H. Gambrell Jr. If child is not yet named, make supplemental report as directed

(1) Twin or Triplet? No (2) Number in order of birth 1 (3) Are Parents Married? Yes (4) DATE OF BIRTH Feb 26 (Name of Month) (Day) (Year)

FATHER.

FULL NAME Harrison Gambrell

PRESENT POSTOFFICE OF FATHER Anderson, S.C.

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Anderson, R. I. D.

OCCUPATION Farmer

Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Lillian Brook

(15) PRESENT POSTOFFICE OF MOTHER Anderson, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43 (Years)

(18) BIRTHPLACE Anderson, S.C. R. I. D.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. S. Sampson

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

Name added from a supplemental report

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

(27) Filed Jan 16 1924 (28) W. L. Campbell 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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