

(1) PLACE OF BIRTH

County of AndersonTownship of Brushy Creek

Inc. Town of

City of

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

(2) Full Name of Child W. M. Gambrell (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Sept 5, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo Gambrell

(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C.

(10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 23 (Year)

(12) BIRTHPLACE Oconee S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Ezzie Gambrell

(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C.

(16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Anderson W.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Matthia Kinnick (24) State whether: Physician or Midwife (25) Address of Physician or Midwife and wife early 1924

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) (27) Date Sept 15, 1922 (28) Local Registrar J. R. Matson

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.