

(1) PLACE OF BIRTH

County of Anderson
Township of Brushy Fork
OR
Inc. Town of
OR
City of (No. St.; Ward)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
28752

Registration District No. 302 Registered No. 85
(For use of Local Registrar)

(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? (5) Number in order of birth (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 W 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) Matilda Kinzie
(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 (by) J. R. Matson 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 between the fifth month of pregnancy.