

(1) PLACE OF BIRTH

County of York
Township of H. Mus.or
Inc. Town of
orCity of 1
(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

9536

Registration District No. 4406 Registered No. 22
(For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? 4 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 29, 1922
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME James Madison Gamble (14) NAME BEFORE MARRIAGE Blanche Griffin(9) PRESENT POSTOFFICE OF FATHER H. Mus. S.C. (15) PRESENT POSTOFFICE OF MOTHER H. Mus. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31
(Years) (Years)(12) BIRTHPLACE N.C. (18) BIRTHPLACE Waynes County N.C.(13) OCCUPATION Farming (19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at H. Mus. S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. B. Greer(24) State whether Physician or Midwife (25) Address of Physician or Midwife H. Mus. S.C.

Given name added from a supplemental report

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

Registrar

(27) Signed H. H. 22 (28) A. F. Parks 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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